

Med.
T.G.

Annual Report

of the

Toronto General Hospital Toronto

For the Year ending September
30th, 1906, and Certain Mem-
oranda Relating to the
Reorganization of
the Hospital

1906

1905/6



TORONTO GENERAL HOSPITAL

REPORT
OF THE
TORONTO
GENERAL HOSPITAL

Including Reports of the
Superintendent, Secretary, Superintendent of Nurses,
Registrars and Resident Pathologist.

Also
Certain Memoranda Relating to Reorganization.

ANNUAL REPORT
For the Year ending 30th September
1906

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The Trustees appointed by the subscribers to the General Hospital are : J. W. Flavelle, Esq., LL.D., chairman ; Messrs. M. J. Haney, P. C. Larkin, H. H. Fudger, C. D. Massey, H. C. Cox.

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*Hospital Staff.***Hospital Staff.**

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 J. E. Elliott, M.D.

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 E. E. King, M.D., C.M., Vict.
 A. H. Garratt, M.D., C.M.
 H. A. Bruce, M.B., F.R.C.S., Eng.

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 Tor.
 J. F. W. Ross, M.B., M.D., C.M., L.R.C.P., Lon.

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Frederick Fenton, M.D., C.M.
K. C. McIlraith, M.B., F.O.S., Edin.

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G. S. Ryerson, M.D., L.R.C.P. and S., Edin.
G. H. Burnham, M.D., F.R.C.S., Edin.
C. Trow, M.D., L.R.C.P., Lond.
J. M. MacCallum, B.A., M.D.
D. N. MacLennan, M.D., C.M., Kingston, M.R.C.S., L.R.C.P.

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G. R. McDonagh, M.D., L.R.C.P.
D. J. Gibb Wishart, B.A., M.D., L.R.C.P., Lond.
J. D. Thorburn, M.B., L.R.C.P. and L.R.C.S., Edin.
G. Boyd, B.A., M.D.

PATHOLOGISTS.

H. B. Anderson, M.D., M.R.C.S.
Jno. Caven, B.A., M.D., L.R.C.P., Lond.
H. J. Hamilton, M.B., L.R.C.P.
J. J. Mackenzie, B.A., M.B.
A. H. W. Caulfeild, M.B. (Resident).

ELECTRICAL DEPARTMENT.

C. R. Dickson, M.D., C.M.

X-RAY DEPARTMENT.

John McMaster, B.A., M.D., C.M.

OUTDOOR DEPARTMENT.

PHYSICIANS.

R. D. Rudolf, M.D., M.R.C.P.
R. J. Dwyer, M.B., M.R.C.P., Lond.
W. Goldie, M.B.
George Elliott, M.D., C.M.
D. McGillivray, M.B., M.R.C.S., L.R.C.P.

SURGEONS.

F. Winnett, M.D., C.M., M.R.C.S., Eng.
C. A. Temple, M.D., C.M.
C. B. Shuttleworth, M.D., F.R.C.S., Eng.
B. Z. Milner, M.D., C.M.
T. B. Richardson, M.D., F.R.C.S., Edin.
E. S. Ryerson, M.D., C.M.

Resident Staff.

ANAESTHETISTS.

Duncan Anderson, M.D., C.M.
 Samuel Johnston, M.A., M.D.

REGISTRARS.

F. W. Marlow, M.D., F.R.C.S., Eng.
 G. W. Howland, B.A., M.B., M.R.C.P., Lond.

NERVOUS WARDS.

D. Campbell Meyers, M.D., L.R.C.P.

TUBERCULOSIS CLINIC.

Harold C. Parsons, M.A., M.D., M.R.C.P.

Resident Staff.

(September 30th, 1906.)

K. H. Van Norman, M.B.
 F. J. Buller, B.A., M.B.
 G. B. Archer, M.B.
 J. H. Soady, B.A., M.B.
 J. H. Kidd, M.D., C.M.
 F. W. Rolph, B.A., M.D., C.M.
 J. A. Kinnear, M.D., C.M.
 C. E. Spence, M.B.
 A. W. Beattie, M.D.
 W. W. Wright, M.B.
 W. S. Lemon, M.B.
 G. S. Strathy, M.D., C.M.
 H. Glendenning, M.D., C.M.
 D. A. Graham, M.B., in charge of Clinical Laboratory.

Other Officers.

Apothecary	.	.	.	.	.	.	R. H. Barbour.
Steward	.	.	.	.	.	.	H. Service.
Engineer	.	.	.	.	.	.	Thomas Davis.
Gardener	.	.	.	.	.	.	John Ede.
Carpenter	.	.	.	.	.	.	Thomas Ryves.
Painter	.	.	.	.	.	.	William Hamilton.

Training School.

Superintendent of Training School	Miss Mary Agnes Snively.
First Assistant	Miss Elsie Lawler.
Second Assistant	Miss Alice Stewart.
Second Assistant	Miss Ida Freeze.
Night Supervisor	Miss Annie Hartley.

Graduate Nurses in Charge of Departments.

Burnside (Maternity)	Miss Merab Allen.
Gynæcological	Miss Bessie Purdy.
Eye and Ear	Miss Margaret Kerr.
Private Wards	Miss Clara Brown.
Operating Theatre	Miss Evangeline Thorpe.

Ex-Members of the House Staff.

Graduates in Medicine who have held positions on the Resident Staff of the Toronto General Hospital since 1872, as House Physicians and House Surgeons:

- 1872-3—R. H. Robinson, 163 Wilton Avenue, Toronto.
T. J. Abbott, Pomeroy, Mich.
- 1872-4—R. B. Nevitt, Bloor Street, Toronto.
- 1875-6—David M. Fisher. Deceased.
Stewart McArton. Deceased.
- 1876-7—D. L. Stewart, Teeswater, Ont.
Geo. A. Langstaff. Deceased.
W. G. Stark. Deceased.
- 1877-8—Wm. Honeywell, New Glasgow, Nova Scotia.
Gerald O'Reilly, Guelph, Ont.
- 1878-9—Gerald O'Reilly, Guelph, Ont.
J. W. Lesslie, 1 St. Patrick Street, Toronto, Ont.
W. Lehmann, 164 Spadina Avenue, Toronto, Ont.
J. F. W. Ross, 481 Sherbourne Street, Toronto, Ont.
R. A. Ross. Deceased.
R. M. Stephen, Collingwood, Ont.
- 1879-80—Hon. R. A. Pyne, 33 River Street, Toronto, Ont.
T. J. Park, Amherstburg, Ont.
- 1880-1—C. S. Beck, Port Arthur, Ont.
D. A. Bowlby, Simcoe, Ont.
J. H. Radford, Galt, Ont.
G. B. Smith, 92 College Street, Toronto, Ont.
T. B. Stark, 21 Carlton Street, Toronto, Ont.
W. J. Charlton, Weston, Ont.
- 1881-2—Lesslie Sweatnam. Deceased.
W. M. MacDonald. Deceased.
- 1882-3—Edward P. Wood. Deceased.
Jas. F. Bell, Portland, Oregon.
G. S. Cleland, 730 Queen Street, E., Toronto, Ont.
M. R. Casgrain, Windsor, Ont.
- 1883-4—B. H. Scott, Imperial Military Service, Peterboro', Ont.
J. S. Draper. Deceased.
J. W. Patterson. Deceased.
T. D. Meikle, Mount Forest, Ont.
- 1884-5—Horace Bascom, Uxbridge, Ont.
J. Earle Jenner, Kingsville, Ont.
J. M. Cochrane, London, England.
H. S. Martin, Spokane Falls, Wash., U.S.
- 1885-6—Geo. A. Peters, 102 College Street, Toronto, Ont.
P. E. Doolittle, 180 Sherbourne Street, Toronto, Ont.
H. J. Hamilton, 329 Church Street, Toronto, Ont.
Chas. Trow, 57 Carlton Street, Toronto, Ont.
Chas. J. Hodgetts.
John Macoun, Campbellford, Ont.
- 1886-7—H. C. Scadding, 182 Bloor Street, Toronto, Ont.
W. P. Caven, 70 Gerrard Street, Toronto, Ont.
F. Winnett, 525 Sherbourne Street, Toronto.
C. W. Dow, Owen Sound, Ont.
Wm. A. Richardson, Seward, Alaska.
- 1887-8—D. A. Dobie, New York, U.S.
W. A. Shannon, Seattle, Wash.
W. O. Stewart, Guelph, Ont.

- W. D. Scott, Peterboro', Ont.
Geo. A. Acheson, Galt, Ont.
Elias Clouse, 468 College Street, Toronto, Ont.
- 1888-9—W. C. Barber, Rockwood Hospital, Kingston, Ont.
A. E. Ardagh, Orillia, Ont.
T. P. Weir. Deceased.
F. P. Cowan, Norn Camps, Ont.
C. B. Langford, Blenheim, Ont.
F. G. Thomson, St. Joseph, Mo.
- 1889-90—H. W. Armstrong, Fergus, Ont.
H. A. Turner, Millbrook, Ont.
J. M. McFarlane, 32 Carlton Street, Toronto, Ont.
J. H. Collins.
Edward Meek, London, Ont.
H. A. Yeomans, Belleville, Ont.
- 1890-1—L. F. Barker, Baltimore, Md.
Thos. Cullen, Johns Hopkins University, 3 W. Preston Street,
Baltimore, Md.
Chas. F. McGillivray, Whitby, Ont.
R. M. Hillary, Aurora, Ont.
Roland Hill, St. Louis, Mo., U.S.A.
Owen E. McCarty, Suspension Bridge, Niagara Falls, N.Y.
- 1891-2—W. N. Barnhardt, 62 College Street, Toronto.
G. Boyd, 167 Bloor Street E., Toronto, Ont.
J. A. Amyot, Toronto University, Toronto, Ont.
Jas. Third, Kingston, Ont.
C. A. Temple, 200 Spadina Avenue, Toronto, Ont.
W. D. D. Herriman, Chicago, Ill.
- 1892-3—H. C. Parsons, 72 Bloor Street W., Toronto, Ont.
F. Fenton, 75 Bloor Street E., Toronto, Ont.
H. J. Way, Chicago, Ill., U.S.
H. B. Anderson, 34 Carlton Street, Toronto.
H. A. Bruce, 64 Bloor Street E., Toronto, Ont.
J. N. E. Brown, General Hospital, Toronto, Ont.
T. H. Middleboro, Owen Sound, Ont.
A. S. Tilley, Bowmanville, Ont.
- 1893-4—T. E. South. Deceased.
J. H. Harvie, Orillia, Ont.
T. B. Fitcher, Baltimore, Md.
J. Barker Peters. Deceased.
Chas. H. Bird, Gananoque, Ont.
Wm. Glaiser, Wellesley, Ont.
E. Tomlinson, 404 E. 43rd Street, Chicago, Ill., U.S.
F. J. Burrows, Seaforth, Ont.
- 1894-5—W. J. McCollum, 168 Jarvis Street, Toronto, Ont.
C. H. Shuttleworth, 45 Bloor Street E., Toronto, Ont.
J. P. Sinclair, Gananoque, Ont.
D. J. Armour, 89 Harley Street, W., London, Eng.
John Crawford, Esmond, N.D., U.S.
C. D. Parfitt, Gravenhurst, Ont.
T. G. Devitt, Grand Forks, N.D., U.S.
G. H. Field, Cobourg, Ont.
- 1895-6—W. J. Chapman, Kenora, Ont.
J. Sheahan, St. Catharines, Ont.
T. McCrae, 807 St. Paul Street, Baltimore, Md.
Arthur A. Small, 100 State Street, Chicago, Ill.
A. C. Lambert, Amoy, China.
A. C. Lamont.
F. S. Harris, Cando, N.D., U.S.
F. D. Vaux, Ottawa, Ont.

- 1896-7—J. A. Rannie, Chatham, Ont.
 C. Graef, New York, U.S.
 S. H. Westman, 630 Spadina Avenue, Toronto.
 W. J. Malloch, 327 College Street, Toronto.
 W. H. Weir, Yonge Street, Toronto, Ont.
 J. J. Elliot. Deceased.
 C. H. Brereton, Chesley, Ont.
 A. A. Beatty, 201 Bloor Street, Toronto, Ont.
- 1897-8—R. Nichol, Cornwall, Ont.
 J. H. Mullin, Hamilton, Ont.
 G. Royce, Ottawa, Ont.
 W. F. Mayburry, Ottawa, Ont.
 J. S. McEachern, Elmvale, Ont.
 F. A. Scott, Clinton, Ont.
 R. W. Large, Bella Bella, B.C.
 R. W. Perry, Fort William, Ont.
- 1898-9—Harold Anderson, Fort William, Ont.
 John McCrae, 190 Peel Street, Montreal, Que.
 Donald McGillivray, 62 College Street, Toronto.
 G. A. Sutherland, Embro, Ont.
 W. C. White, Woodstock, Ont.
 F. H. Bethune, Emo, Ont.
 W. E. Graham, Smith's Falls, Ont.
 Norman E. Farewell, Oshawa, Ont.
 C. M. Stewart, Ailsa Craig, Ont.
 Thos. Bradly, Sarnia, Ont.
- 1899-1900—W. H. Spence. Deceased.
 A. D. Stewart, Fort William, Ont.
 Marshal B. Dean, Fort William, Ont.
 A. A. Sheperd, Sault Ste. Marie, Ont.
 F. Turnbull. Deceased.
 Colin Campbell, Toronto, Ont.
 C. A. Page, Kingsville, Ont.
 G. A. Schmidt, Copper Cliff, Ont.
 E. Baker, Keewatin, N.W.T.
 R. S. Broad, Listowel, Ont.
- 1900-1—E. D. Carder, C. P. R. S.S.
 J. Gow, Windsor, Ont.
 G. C. Howland, 540 Spadina Avenue, Toronto, Ont.
 A. C. Hendrick, 323 College Street, Toronto, Ont.
 A. J. Mackenzie, Carlton Street, Toronto.
 W. K. Kerr, Elora, Ont.
 G. H. McLarren, Hamilton, Ont.
 A. T. Stanton, Pontypool, Ont.
 R. H. Smith, New Hamburg, Ont.
 E. Weir, Cleveland, Ohio, U.S.
- 1901-2—F. A. Cleland, 444 W. 44th Street, New York, U.S.
 H. S. Hutchison, 317 Sherbourne Street, Toronto, Ont.
 J. H. Trout. Deceased.
 Duncan Anderson, 241 Wellesley Street, Toronto, Ont.
 Jarvis E. Martin, Langton, Ont.
 W. J. Macdonald, St. Catharines, Ont.
 W. G. Colliston, Lindsay, Ont.
 Joseph Jordan, Meaford, Ont.
 Helen MacMurchy, Toronto, Ont.
- 1902-3—J. D. Chisholm, Fort William, Ont.
 C. R. Elliott.
 S. Johnson, 169 Carlton Street, Toronto, Ont.
 R. Neil Kyles, Orangeville, Ont.
 H. Lowry, Port Arthur, Ont.
 R. A. Mullen, Minneapolis, Minn., U.S.

- J. R. McCollum, London, Eng.
R. Parsons, Red Deer, Alta.
A. E. Rutherford, Owen Sound, Ont.
P. W. Saunders, New York, N.Y., U.S.
G. W. Ross, London, Eng.
- 1903-4—W. A. Cerswell, Toronto, Ont.
Jos. Graham, 55 College Street, Toronto, Ont.
N. T. McDaurin, Lancaster, Eng.
E. M. Walker, St. George Street, Toronto, Ont.
A. D. Wright, 30 Gerrard Street, Toronto.
Edgar Brandon, North Bay, Ont.
R. W. Irving, Gananoque, Ont.
M. T. Harris, Glencoe, Ont.
W. A. McCauley, Copper Cliff, Ont.
H. Rundle, Milford, Ont.
- 1904-5—A. F. Fraleigh, Broadview Avenue, Toronto, Ont.
J. W. Rowntree, Thistletown, Ont.
R. O. Fisher, Oakville, Ont.
E. R. Cullen, Johns Hopkins, Baltimore, Md.
J. A. Oille, Byng Inlet, Ont.
G. E. Smith, King Street, Toronto.
W. E. Gallie, Hospital for Ruptured and Crippled, New York, U.S.
C. H. Hair, Cobalt, Ont.
G. E. Greenway, Coldwater, Ont.
W. E. Hendry, Carlton and Ontario Streets, Toronto, Ont.
H. R. Elliott, New Sarum, Ont.
A. W. Canfield, 636 Bathurst Street, Toronto, Ont.
W. S. Fawnes, Brock Avenue and College Street, Toronto, Ont.
N. H. Sutton, Omeme, Ont.
M. H. Embree, Parkdale, Toronto, Ont.
- 1905-6—E. C. Burson, Dr. Meyers' Hospital, Deer Park, Toronto, Ont.
A. G. McPhedran, Stroud, Ont.
A. Adams, Gravenhurst Sanitarium, Gravenhurst, Ont.
T. Alexander Davies, 56 Wellesley Street, Toronto, Ont.
Frederick Brodie, Cobalt, Ont.
W. A. Burr, Fergus, Ont.
A. McNally, Berlin, Ont.

ANNUAL REPORT

OF THE

TORONTO GENERAL HOSPITAL.

Superintendent's Report.

Toronto, October 1st, 1906.

To the Trustee Board of the Toronto General Hospital, Toronto:

GENTLEMEN,—I have the honor to present to you a brief report for the year ending September 30th, 1906.

The following schedule shows the largest number of patients on any day during each month, the lowest number, and also the average:

Month.	Highest.	Lowest.	Average.
October	313	293	305
November	319	287	302
December	311	263	283
January	325	270	270
February	356	292	321
March	341	318	328
April	299	265	280
May	293	266	281
June	292	274	284
July	278	235	251
August	261	237	246
September	267	234	253

The closing of our Emergency Branch last spring, the decrease in the amount of sickness during the summer season, and the transference of their patronage, by some members of our staff, to other hospitals, account mainly for the decrease in the number of patients.

The average length of stay per patient has been 27.19 days.

The cost per capita per diem for the maintenance has been \$1.337.

There were performed in the main theatre, 905 operations; in the pavilion theatre, 239; in the eye and ear department, 162.

We are indebted to the following friends for donations mentioned:

From the National Club, a large number of magazines.

From the retiring Board of Trustees, the Superintendent and Superintendent of Nurses, \$26.00, with which to pay subscriptions for literary magazines for the Training School.

From a friend, by Miss Snively, \$1.00, for the Christmas tree.

From Christie, Brown & Co., 3 barrels of biscuits.

From the Bovril Co., 3 Bovril games.

From R. H. Brimer, Esq., \$10.00, for Christmas presents.

From Mrs. John Carswell, Christmas cards.

From Grobba & Wandry, boxes of flowers.

From C. M. Copeland, Esq., books and magazines.

From S. T. Bastedo, Esq., a consignment of pickerel.

From Dr. R. A. Reeve, an ophthalmometer.

From Dr. Campbell Meyers, 3 faradic batteries, 2 hammocks, 2 bathroom weighing scales, 1 set dumb-bells, 1 haemoglobinometer, 1 dynamometer, 1 nasal speculum, 2 throat mirrors, 1 head mirror, 1 percussion hammer, and a subscription for a Bell telephone for the Nervous Wards for one year.

From Mrs. John Hoskin, 2 sofas, 2 rugs, 2 sofa pillows, and flowers.

From the Superintendent, \$300.00, to fit up a clinical laboratory.

From St. John's Sunday School, Norway, Ont., flowers.

From S. F. McKinnon, Esq., books.

From a Toronto merchant, 13 mattresses.

From P. C. Larkin, Esq., 6 wheel-stretchers (acknowledged inadvertently in last report).

From other friends, whose names were not obtained, fruit, flowers, periodicals, etc.

Special mention must be made of the work of Mrs. R. B. Hamilton, in arranging for a Christmas tree. For many years Mrs. Hamilton has secured from her friends gifts for the tree, every patient in the public wards being remembered. The distribution takes place on Christmas Eve in the large theatre, and is an occasion which gives a great deal of pleasure to the patients.

The following magazines have been supplied gratuitously to the Internes' and Students' Reading-rooms, for which acknowledgments have been made to the publishers:

The Providence Medical Journal.

The Monthly Cyclopaedia of Practical Medicine, Philadelphia.

California Medical Journal, San Francisco.

Pacific Medical Journal, San Francisco.

Southern California Practitioner, Los Angeles.

American Journal of Surgery, New York.

The Medical Age, Detroit, Mich.

Western Medical Review, Lincoln, Neb.

Bulletin of the University of Nebraska.

Virginia Medical Semi-Monthly, Richmond.

Royal Free Hospital Magazine, London, Eng.

Canada Lancet, Toronto.

The Journal of the Michigan State Medical Society, Detroit.

The Dental Cosmos, Philadelphia.
British Medical Journal, London, Eng.
Buffalo Medical Journal, Buffalo.
The Lancet, London, Eng.
Alumnae Register, University of Pennsylvania.
International Journal of Surgery, New York.
Merck's Manual, New York.
Medical Bulletin, Philadelphia.
The Medical Review, London, Eng.
Monthly Cyclopaedia, Philadelphia.
Montreal Medical Journal.
American Journal of Insanity.
Post-Graduate, New York.
The Detroit Medical Journal.
Dental Review, Chicago.
The Annals, Boston.
Interstate, St. Louis.
Medical Age, Detroit.
The Dietetic and Hygienic Gazette, New York.
The British Journal of Children's Diseases, London, Eng.

The following internes finished their year's training on the 16th of July: Drs. E. C. Burson, A. G. McPhedran, Allan Adams, W. Burr, F. Brodie, and T. A. Davies. Their places were taken by the following gentlemen: Drs. C. E. Spence, G. S. Strathy, J. A. Kinnear, A. W. Beattie, W. S. Lemon, H. Glen-dinning and D. O. Graham. The latter group of men were taken on after competitive examination, conducted by the senior visiting physicians, surgeons and specialists. The term of service of the house-staff has been increased to one year and a half.

During the early part of the year there were fitted up, at the expense of the Provincial Government, wards for the reception of patients in the pre-insane stage of certain brain affections. These were formally opened by the Hon. W. J. Hanna, Provincial Secretary, on June 14th, though patients were admitted as early as May 7th. Dr. Campbell Meyers, through whose representations to the Government and to the Board the wards were established, was appointed to take charge. This is the first attempt in Canada to specially treat such cases in a general hospital. The wards accommodate twelve patients, six male and six female. The total number of patients treated up to September 30th was 35. Of these 11 were under treatment on that date. During the four months and a half between the opening of the wards and the close of the hospital year seven patients, after being a few days under observation, were found to be insane, and were transferred to the Asylum. One was discharged within twenty-four hours of admission for

refusing to carry out the treatment prescribed. Of the sixteen patients remaining, five were discharged recovered, seven improved and four unimproved, showing that 75 per cent. of the patients treated were discharged improved or recovered. Owing to our limited accommodation it has been found impossible to admit all the patients who have applied for admission. At this writing there are several suitable patients on the waiting list.

A little over a year ago two members of the Board, Messrs. Haney and Massey, and a citizen (who desires his name withheld) placed the sum of \$1,000 at the disposal of the hospital, with which to render assistance to poor patients suffering from pulmonary tuberculosis. An out-clinic was established for cases of this class and placed in charge of Dr. Harold Parsons. A nurse, Miss Christina Mitchell, was engaged to attend the clinic, to follow the patients to their homes, instruct the family how to take care of the patients, and how to prevent the spread of the disease, and, where necessary, to buy suitable food for the patient.

Thirteen of the cases were transferred to the Sanitarium (for advanced cases) at Weston; three were sent to the Free Sanitarium at Gravenhurst, and two died.

Since Dr. Parsons took charge in April last 40 patients consulted him in regard to their condition. Twenty were found to have pulmonary tuberculosis. The rest, after repeated examinations, were found to be non-tuberculous. Of the former class one was sent home to England, one sent home to Russia, one died, three were lost sight of, six were sent to sanatoria, and nine are still under treatment. Following the death of any patients in the city, the Medical Health Officer has had the houses in which they lived disinfected. In addition to the attendance on patients who came to the clinic, the nurse, when called upon by outside doctors, visited their patients and rendered the same assistance to them as she was rendering to patients attending the clinic.

Latterly our X-ray apparatus was found to give very unsatisfactory results. A new outfit was needed. In August, therefore, the Superintendent and Radiographer visited the exhibition of apparatus made at Niagara Falls during the meeting of the American Roentgen Ray Association, with a view of selecting a machine which would be most suitable for our use. They selected one, which, after authorization of the Board, was purchased. We are now doing first-class work in that department.

Seeing that the expenditure for repairs has been large, some of the more important items may be mentioned, as follows:

The old emergency ward on the main floor has been fitted up as a supply room for the preparation of surgical dressings for the hospital. This work used to be done in the surgical wards. After the close of the Emergency Hospital, an emergency theatre was

fitted up in the room adjoining the main theatre, in which operations on septic cases are performed. A large stairway has been constructed connecting the students' entrance with the bridge leading to the rear of the operating theatre, by which route students now enter the theatre rather than by the main hall. The latter entrance is reserved for the surgeons and nurses. The plumbing at the pavilion has been renewed, new tubs and sinks having been put in. An extra bath-room has been added for the use of private ward patients. A year ago a small dispensary was fitted up in the Out-Patient Department, which obviated the necessity of out-patients coming up into the main hall for their medicine. Since that time it has been found advisable to move the old dispensary in the main building down to a room adjoining the out-patient dispensary, thus enabling the apothecary to supervise the work of dispensing with much less trouble. New steps have been constructed at the Burnside Hospital, new floors and new beams put in the balconies of the West Wing and of the Eye and Ear Department, and cabinets have been constructed in the Burnside and Nervous Wards. The small clinical laboratory has been enlarged, equipped with tables, cupboards and apparatus. A laboratory room has been provided for students, which the Medical Faculty are equipping. Some improvements have also been made in the surgical laboratory.

The following painting has been done by our own painter, with the occasional assistance of a cleaner:

The interiors of the Pavilion, the students' room, the Morgue and the new room adjoining the operating theatre; the floors of the Nervous wards, the corridor of the fourth floor, several public and private wards of the main building with their furniture; the offices and reception room. A finish has been put on most of the floors. In addition to the painting, a good deal of kalsomining has been done. The Nurses' Home has received special attention, many of the nurses' rooms having been renovated.

The past hospital year marks the beginning of an epoch in the history of the Toronto General Hospital. In the month of November the retiring Board inaugurated a movement looking toward the construction of a new hospital. The interest of the Government, the University, the city and the benefactors was engaged. Large subscriptions were given by all of them. This was followed by an appeal to the City of Toronto, with the result so well known. At the present writing (October 1st) it is found that the following amount has been raised for the erection of a new building and the purchase of a site, \$1,217,767.20. The new movement necessitated the formation of a new trust, which was provided for by an Act of the Ontario Legislature, passed on the 14th of May, 1906.

At the same time that the movement for the construction of the new Hospital was going on the question of the reorganization of the Medical Staff came up for consideration. At the invitation of the chairman, the entire Staff met the old Board. At this meeting the Board invited the Staff to submit suggestions as to what lines should be followed in the reorganization. The members of the medical and surgical services met, and forwarded a report to the Board. Subsequently the physicians met and gave further consideration to the reorganization of their service. A sub-committee submitted an exhaustive list of questions relating to reorganization to all the leading hospitals in America and Great Britain. The answers to them were collated and forwarded by the chairman of the main committee to the retiring Board. The surgeons and specialists also presented an additional report in regard to their services. These have all been printed in a separate report, and are available when the time comes for taking action in respect to Staff reorganization.

The past hospital year has been marked by the meeting in Toronto of the British Medical Association. It may be of future interest to note that a reception was tendered the visitors by our Hospital, and that a large number of eminent physicians and surgeons visited the Hospital during the week of the meeting.

Four months ago we introduced a method of accounting for supplies by means of the card-index system, which enables us to ascertain information respecting the purchase and the distribution of each of several thousand household, drug and other articles which we use. The information already obtained from these records has proved of much service, and will increase in value more and more as time goes on, by reason of the comparisons possible.

The Superintendent herewith expresses his appreciation of courtesies received from the Superintendents and other officers of the following hospitals, which he visited during the year: The Royal Victoria Hospital, the Montreal General, and Hotel Dieu, of Montreal; the Buffalo General, Buffalo; the New York Hospital, the Bellevue and the Isolation Hospitals, of New York; the Boston City Hospital, and the Massachusetts General Hospital, of Boston.

I subjoin herewith financial statements from the Secretary, and reports from the Superintendent of Nurses, the Registrars and the Resident Pathologist.

Yours faithfully,

J. N. E. BROWN, M.B.,
Superintendent.

Toronto General Hospital—Statement of Assets and Liabilities on September 30th, 1906.

ASSETS.		LIABILITIES.	
ENDOWMENT—		Capital account.....	
Mortgages (Lewis donation and Porter bequest) .. \$	8,398 00	Reserve	\$801,772 56
Bond, New York, C. & St. L. Ry. (W. Warren donation).....	1,000 00	Add re Butland estate	\$236,126 94
Debenture Canada Perm. M. Corp. (Amy Macdonald endowment).....	4,000 00		2,965 36
Debenture Canada Perm. M. Corp. (George Henry bequest)	2,200 00		\$239,333 30
		Less deficit for year ending Sept. 30 ..	14,443 67
			221,889 63
REAL ESTATE (producing revenue)—	\$15,398 00	Debentures.....	\$1,026,692 19
Lands of the hospital endowment	\$614,114 11	G. Gooderham estate, balance due on loan	\$24,000 00
Buildings thereon owned by the Trust .. \$7,263 17			1,000 00
Less depreciation fund	10,000 00	Amy Macdonald endowment fund	\$4,000 00
		George W. Lewis bequest	8,400 00
Real property, Butland estate	67,253 17	Bank of Toronto, overdraft current account.....	\$6,240 87
" " " loan	\$12,131 25	" " accrued interest on overdraft	100 00
" " G. W. Lewis bequest	\$18,000 00	Various accounts unpaid on Sept. 30, 1906	11,851 03
		Tuberculosis fund—balance of special subscriptions not expended.....	190 70
			18,375 65
REAL ESTATE (in use by the hospital)—	26,400 00		
Land of the hospital block	\$80,625 00		
Hospital buildings	\$266,160 51		
Less depreciation	21,363 84		
	\$244,805 67		
FURNITURE AND EQUIPMENT—	325,430 67		
Furniture, linen, etc. in hospital	\$18,258 71		
Surgical instruments and apparatus	8,725 00		
Laboratory appliances	729 83		
Supplies and stores in stock	4,203 00		
Engine and boiler	550 00		
	\$62,466 64		
Less depreciation	36,034 64		
	26,412 00		
BOOK DEBTS—			
Ground rents due and accrued	\$2,853 76		
Municipal accounts outstanding	2,965 60		
Insurance premiums paid in advance for two years	5,759 36		
	1,430 54		
	\$1,082,437 85		
Audited and found correct.		(Signed) A. F. MILLER,	
(Signed) HV. WM. EDDIS, F.C.A., }		Secretary Toronto General Hospital.	
D. GEO. CHESNUT, }		\$1,082,437 85	

**Toronto General Hospital—Statistical Return to the
Government of Ontario for the Year ending
September 30th, 1906.**

	Male.	Female.	Total.
Patients remaining in the Hospital on October 1st, 1905—			
Adults	175	122	297
Infants	4	4	8
Patients admitted during the year ending September 30th, 1906	2,121	1,462	3,583
Births in the institution during said year	107	90	197
	<u>2,407</u>	<u>1,678</u>	<u>4,085</u>

	Male.	Female.	Total.
Patients discharged from the institution during the year ending September 30th, 1906—			
Adults	1,949	1,399	3,348
Infants	85	79	164
Deaths in the institution during said year—			
Adults	184	84	268
Infants	19	7	26
Patients remaining in the institution on September 30th, 1906—			
Adults	163	101	264
Infants	7	8	15
	<u>2,407</u>	<u>1,678</u>	<u>4,085</u>

Average stay of adult patients during the said year.....	27	days
Collective days' stay of adult patients.....	104,645	"
" " " infant "	3,039	"

Religion of patients treated—	
Protestants.....	3,580
Roman Catholics	351
Other religions	154
	<u>4,085</u>

Nationalities of patients treated—	
Canada.....	2,326
England	890
Ireland.....	229
Scotland	232
United States.....	119
Other countries	289
	<u>4,085</u>

Residences of patients treated—	
Toronto	2,994
York (County of)	133
Other places in Ontario.....	931
Other countries	27
	<u>4,085</u>

(Signed) A. F. MILLER,
Secretary.

**Report of the School for Nurses for the Year ending
September 30th, 1906.**

To J. N. E. Brown, M.B., Superintendent:

DEAR SIR,—A quarter of a century has now elapsed since the School for Nurses connected with the Toronto General Hospital was organized. It is, therefore, my privilege to present the Twenty-fifth Annual Report.

Were it possible in the short space allotted to this report to mention some of the important events connected with the history of the school during this long period of years, there would doubtless be much that would prove of interest, not only to those who have watched the progress of this school, but also to those who have been interested in the development of trained nursing in Canada.

It would seem necessary, however, on this important anniversary to mention that of the 441 nurses who have received their nursing education in this school 249 are still actively engaged in nursing.

Many of these are employed in hospitals as superintendents, matrons, assistants, night-supervisors, head-nurses, or operating-room nurses; about 160 are engaged in private nursing, eight are missionaries, a goodly number are engaged in district work, some are caring for aged parents at home, some are assisting in doctors' offices, three have opened private hospitals, twenty have finished their work in this world, and about 141 have married and have homes of their own.

To return, however, to the work of the past year, it is gratifying to report that the more important changes are the placing of the school on a purely educational basis, and the extension of our practical training. That is to say, in addition to the nursing experience heretofore afforded in our Hospital, the training now includes the care of nervous patients, massage, therapeutic baths, electrical treatment, and two months in the Hospital for Sick Children, Toronto.

We are looking forward with earnest desire to the time when it may be possible for our nurses to receive their training in Dietetics in the Domestic Science Department of the University of Toronto. The closer relations now existing between the Hospital and University lead us to hope that the time may not be far distant when this desire may be realized. Such a course would

not only consist in lectures on this very important subject, but laboratory work as well.

During the year there have been 594 applications to enter this School; 53 of these were accepted, 15 proved unsatisfactory during the probationary period and were not admitted as pupils, and 6 have been dropped from the roll.

The present staff of the School is as follows: Assistants, 2; night-supervisor, 1; head-nurses, 6; pupils, 71; probationers, 15.

The demand for special nurses increases with each succeeding year. Total number days special nursing have been 3,382 days, an average of nine special nurses daily throughout the year.

The time lost through illness during the year has been 795 days. This represents two operations for appendicitis, two minor operations, one case of erysipelas, one of measles with complications, one of rheumatism, and one of tuberculosis, together with many minor ailments.

All of these nurses have made a good recovery, except the one who developed tuberculosis. This nurse has been obliged to give up her training, and will spend the winter in Gravenhurst.

In this connection the appointment of Dr. Goldwin Howland as physician to the School may be mentioned.

Lectures, classes and demonstrations have been conducted regularly throughout the school year. There have been 109 lectures, 56 classes and 42 demonstrations.

The following members of the Visiting and House Staff have lectured: Drs. McPhedran, Fotheringham, A. R. Gordon, McIlwraith, Nevitt, C. Starr, Boyd, Howland, Parsons, Lusk, Johnston, Clarke, McCollum, Hutchison, Geo. Smith, Fenton, Ryerson, H. B. Anderson, F. N. G. Starr, Burson, Hendry, Caulfield, Rolf, Adams and Greenway.

In addition to the above, lectures were also delivered by our Secretary, Mr. A. F. Miller, on "Astronomy," and Madam Von Wagner, of Yonkers, N.Y., on "District Nursing."

Final examinations have been held in the spring and autumn, as well as examinations in special subjects for the Junior and Intermediate Classes. The examiners for Final Class were Drs. A. H. Wright, R. B. Nevitt and Allen Baines; for Junior Class, W. J. McCollum, and for Intermediate Class, Dr. Greenway.

The number of hospitals making application for nurses to fill hospital positions during the year has been 39. Many of these were from our own North-West, although the greater number were from the United States.

The appointments in the Toronto General Hospital have been as follows:

E. M. Lawler, First Assistant.
A. E. Stewart, Second Assistant.
A. Hartley, Night Supervisor.
Eva Thorpe, Operating-room.
E. Purdy, Pavilion.
M. Allen, Burnside.
E. Stewart, Nervous Wards.

Temporary appointments have been:

M. E. Young, Night Supervisor.
J. McTavish, Operating-room.
I. M. Freeze, Third Assistant.

The resignations have been:

F. Manson,
J. Christie,
N. McKellar,
S. D. Livingston,
A. Sinclair,
S. Gladstone,
I. Moodie.

The graduates who have received appointments are:

Lady Superintendents.

Winnifred Brereton, General Hospital, Dauphin, Man.
Gertrude Moore, Royal Jubilee Hospital, Kenora, Ont.
Lilla Sheppard, Berlin-Waterloo Hospital, Berlin.
Nellie Miller, Ross Memorial Hospital, Lindsay.
Edith Dickson, Sanitarium, Weston, Ont.

Assistants.

Alice J. Scott, Hartford Hospital, Hartford, Conn.
Nellie McHoull, Marion Sims Hospital, Chicago, Ill.
Mary Graham, General Hospital, Vancouver, B.C.

Night Supervisors.

Marie Snell, Jewish Hospital, Cincinnati, Ohio.
Grace Hodgson, Lakeside Hospital, Cleveland, Ohio.
Mary J. Campbell, Butterworth Hospital, Grand Rapids, Mich.

Head Nurses.

E. C. Gordon, Presbyterian Hospital, Chicago, Ill.
Stella Irwin, Lakeside Hospital, Cleveland, Ohio.
M. J. Lundy, Galt Hospital, Lethbridge, Alta.
E. Davidson, General Hospital, Fort William, Ont.
Mrs. Mary McPherson, Private Hospital, Rosedale.

We record with deep regret the death of Isabel Smith (Mrs. Malcolm McArthur) Class of 1901, who died of tuberculosis, October 18th, 1905.

It is a great pleasure to report that there have been not a few who have remembered and made provision for our nurses during their off-duty hours.

Periodicals, consisting of *Harper's*, *Scribner's*, *Atlantic Monthly*, *The Grand*, *The Lady*, *American Journal of Nursing* and *New York Medical Journal*, were provided through the generosity of our Board of Trustees, and the Superintendent of the Hospital, and complimentary copies of *The Toronto Globe, Mail and Empire* and *World*, by the proprietors of these dailies; also *The Canadian Practitioner*, by the editor. Five volumes for our library were sent on Christmas Day by Mr. C. M. Copeland. Osler's "Medicine" and Grey's "Anatomy" were donated by Mrs. Z. Fowler, of Ottawa. A beautiful oil painting by one of our Canadian artists (T. Arche Brown), and also a book for our reference library, by Mrs. R. B. Hamilton.

In addition to the above, Mrs. Hamilton has promised a \$5 prize yearly for the best kept bed-room in the Residence. This offer on the part of Mrs. Hamilton, coming rather late for this year, will be awarded in 1907.

Our Alumnæ Association has also promised a yearly scholarship of \$25.

MARY AGNES SNIVELY,
Lady Superintendent.

Report of the Pathological Department.

Dr. J. N. E. Brown, Superintendent Toronto General Hospital:

SIR,—I beg to make a report on the Pathological Department as follows:

In March, 1906, a clinical laboratory was equipped, and since that time all laboratory work, both clinical and pathological, has been done by the resident pathological staff.

Lately some work has been done on opsonins, but as yet sufficient time has not elapsed to make a report on this, although a number of cases are now under treatment by inoculation.

The blood cultures that have been taken have mostly been in cases of typhoid fever. Chief reliance has been placed on bouillon and ox-bile as media. The reports have not been kept in all cases, and consequently are not reported here.

Since October 1st, 1905, until October 1st, 1906, 158 autopsies have been performed. Copies of all autopsies are on file in the laboratory. Microscopic sections are preserved of all organs that are of interest in the case, and are correspondingly numbered.

The bacteriological and histological results when of importance are entered in the autopsy sheets.

Those autopsies (58 in number) that were done between October 1st and December 31st, 1905, were analyzed in the last year's report, and, consequently, will not be repeated here.

The following is a brief analysis of the pathological conditions obtained in the remaining 100 autopsies:

CASE 1.—Male, 55. Partial autopsy. General paresis; œdema of brain and cord. Leptomeningitis. Distention of membranes of cord with cerebro-spinal fluid.

CASE 2.—Male, 54. Lobar pneumonia of left lower lobe; pleurisy with fibrinous formation; pericarditis; pulmonary infarct of right upper lobe; pulmonary œdema and emphysema, especially of right side; perisplenitis; nutmeg liver; slit-like opening of foramen ovale; coronary sclerosis; Bact. Coli. Comm. from pericardium in pure culture.

CASE 3.—Female, 72. Pleurisy; erysipelas of face, with slight phlegmon; healed apical tuberculosis; pulmonary emphysema; general enteroptosis; subserous fibroma; parovarian cyst.

CASE 4.—Female, 69. Cardiac hypertrophy and dilatation; sclerosis of aortic valve and mitral; dilatation of tricuspid; old perisplenitis and infarct; fatty degeneration of liver; renal fibrosis; general anasarca.

CASE 5.—Female, 29. Acute interstitial pulmonary emphysema; bronchial pneumonia; emphysema of mucosa of intestine; beginning acute nephritis; cloudy swelling of liver; old pelvic peritonitis.

CASE 6.—Male, birth. Lungs pale in color; heart distended with punctiform hæmorrhage under pericardium, also a few under pleural apex; lungs float on section; trachea and bronchi filled with pale froth.

CASE 7.—Male, 25. Carbolic poisoning; cutaneous discoloration; congestion of respiratory passages and lungs; pulmonary œdema; congestion of pharynx, œsophagus and parts of intestine; dilatation of tricuspid valve and right auricle; hæmorrhagic condition of pancreas; hæmorrhagic condition of spleen; pink red coloration of intima of arteries; leptomeningitis; congestion of brain.

CASE 8.—Female, 94. Brown atrophy of cardiac musculature; hypertrophy of left ventricle; calcification of former pulmonary tuberculosis; former pleurisy, with fibrinous formation; renal infarction; interstitial nephritis.

CASE 9.—Male, 66. Colotomy, with artificial anus; dry peritonitis; carcinoma of sigmoid flexure; metastases in the kidney and liver; acute nephritis; ulceration of colon above site of artificial anus.

CASE 10.—Male, 14. Acute nephritis. Broncho-tuberculosis of lower lobe; miliary tuberculosis of lower lobe; cardiac dilatation; endocarditis, with vegetations on mitral valve; splenic infarction; renal infarction; acute parenchymatous nephritis.

CASE 11.—Male, 52. Acute pneumonia, left lower lobe; purulent pericarditis; empyæma of right diaphragmatic pleura; general pneumoconiosis; carbon pigmentation of retro-peritoneal glands and spleen. Short chain streptococci in pure culture from both pericardium and the empyæma.

CASE 12.—Male, 60. Healed apical tuberculosis; old pleurisy; brown atrophy of heart; visceral pericardial fibrosis; general fibrosis of kidneys; gastric polypus; nodular growth in stomach.

CASE 13.—Male, infant. Deeply cyanosed; no rigor mortis; orifices seem normal; cord shrunken and tied to abdominal wall. On section: patent ductus arteriosus; foramen ovale open and of normal size; lungs collapsed on opening thorax to slight extent, float in water entire and in sections; left lung mottled on surface. On section, seems deeply congested; right lung paler in color; liver congested, but parenchyma paler than usual; brain seems

congested, also piaarachnoid and brain substance. Mother has eclampsia.

CASE 14.—Male, 66. Rodent ulcer; emphysema of lungs; tuberculosis of lungs; brown atrophy of heart.

CASE 15.—Male, 75. Fibrosis and brown atrophy of heart; varicose veins of anterior papillary muscle close to valve curtains; coronary sclerosis; slit-like patent foramen ovale; old pleurisy with adhesions; venous congestion and œdema of lungs, congestion of bronchi; cirrhosis of liver, carcinoma of liver; sclerosis and atheroma of aorta and arteries generally; polypi of small intestine; erosion and thickening of mucous membrane of rectum.

CASE 16.—Male, 62. Myocardial changes; purulent pleurisy, pulmonary collapse; compensatory emphysema; acute parenchymatous degeneration of kidneys.

CASE 17.—Male, 45.—Pneumonia; general purulent peritonitis; old and recent pelvic cellulitis; œdema and thickening of scrotum, penis and pubic regions; patent foramen ovale; old fibrinous pleurisy; pulmonary œdema; hydronephrosis; compensatory renal hypertrophy and parenchymatous degeneration; syphilitic gummata of liver.

CASE 18.—Male, 22. Pneumonia (double)—red and grey hepatization; acute parenchymatous degeneration of kidneys.

CASE 19.—Female, 26. Acute diffuse nephritis; acute pleuritis (left side); hypostatic pneumonia right lung and slightly of left lung; old tuberculosis of mesenteric and bronchial glands. Smear from heart's blood, pleura, lung and spleen all show streptococci in diploid form.

CASE 20.—Male. Partial autopsy. Laparotomy; appendicitis, with general peritonitis.

CASE 21.—Male, 67. Pyloric cancer; brown atrophy of heart; pulmonary collapse; healed intestinal tuberculosis; peritonitis.

CASE 22.—Male, 65. Brown atrophy of heart; pulmonary emphysema and œdema; parenchymatous renal degeneration; congestion of meninges.

CASE 23.—Male, 42. Acute gastritis; left side fibrous pleurisy; hypostatic congestion of both lungs; cardiac hæmorrhages—sub-pericardial and sub-pleural hæmorrhage; soft, flabby heart; hypertrophy and fatty degeneration of liver; parenchymatous (fatty) degeneration of both kidneys; moderate passive congestion of all the organs; reduced dislocation of left hip; rupture of capsule, and ligamentum teres; venous angioma of liver.

CASE 24.—Male, 2 1-2. Poisoning; slit-like patent foramen

ovale; acute broncho-pneumonia; congestion of mucous membrane of bronchi; fatty degeneration of liver; enlargement of retro-peritoneal glands and Peyer's patches of small intestines.

CASE 25.—Female, 34. Sub-dural hæmorrhage; hernia cerebri through operation wound; early interstitial nephritis; passive congestion of lungs; œdema of lungs.

CASE 26.—Female. Cancer of the rectum. Colotomy; carcinoma of the rectum; perforation of the cæcum, with dry peritonitis; pleuritis; coronary sclerosis; patent foramen ovale; pulmonary consolidation of the upper part of right lower lobe; pulmonary consolidation of apex, middle and lower lobes, with cavity formation in apex. Metastatic carcinoma of the liver.

CASE 27.—Female, 38. Tuberculous bronchial pneumonia of left lung, with cavity formation; marked condition of tuberculous pleuritis; chronic and recent ulceration of intestine. Tuberculous peritonitis; tuberculous salpingitis; tuberculous endometritis; slight toxic nephritis.

CASE 28.—Female, 73. Pericarditis (dry). Old adhesive pleuritis; œdema of right lung beginning; broncho-pneumonia at apex; tumor of wall of ampulla of Vater; tumor nodules in tail of pancreas, in left suprarenal and second lumbar vertebra extending into the retroperitoneal tissue on each side.

CASE 29.—Male, birth. Cyanosis, infection of umbilicus, with extension into liver; congestion of brain; peritonitis.

CASE 30.—Male, 67. Partial autopsy. Laparotomy; cancer of pylorus; dry peritonitis; flabby heart.

CASE 31.—Male, 57. Cirrhosis of the liver; coronary sclerosis; parenchymatous myocarditis; subacute diffuse nephritis; patent foramen ovale.

CASE 32.—Male, 55. Acute endocarditis; chronic pleuritis; chronic pneumonia; evidences of healed tuberculosis (calcareous scars). Chronic nephritis; arterio-sclerosis extensive, especially of cerebral arteries, with atrophy of convolutions at the upper left rolandic area.

CASE 33.—Male, 75. Suprapubic prostatectomy; cystitis; nephritis acute and chronic; hypostatic pneumonia.

CASE 34.—Male, 48. Spleno-myelogenous leukæmia; chronic diffuse nephritis; fatty degeneration of heart; sub-acute purulent appendicitis.

CASE 35.—Male, birth. Hæmorrhage in post. fontanelle, subcutaneous; pulmonary atelectasis.

CASE 36.—Female, 55. Myocarditis, with fibrosis; old endocarditis of the mitral and pulmonary valves; interstitial nephritis; sclerosis of aorta, with slight calcareous degeneration; old pleuritis.

CASE 37.—Female. Carcinoma of liver. Partial autopsy. Atrophic cirrhosis of liver; interstitial nephritis; intense jaundice.

CASE 38.—Male, 47. Partial autopsy; organs removed and examined later. Slight leptomeningitis; sclerosis at base of brain; enlargement of left suprarenal.

CASE 39.—Male, 58. Foramen ovale patent; fibrinous purulent pleuritis; acute and passive congestion of the lung.

CASE 40.—Male, 70. Apical (double) tuberculosis; early stage of pneumonia; interstitial nephritis; hepatic cyst.

CASE 41.—Male, 41. Laparotomy; fat necrosis; pulmonary emphysema; dry fibrinous peritonitis; subdiaphragmatic abscess; cholelithiasis; acute fatty atrophy of liver; acute interstitial nephritis.

CASE 42.—Male, 66. Lobar pneumonia (red) stage, left; engorgement lower lobe, right side; chronic diffuse nephritis, with acute condition present also; chronic and acute endocarditis; pulmonary tuberculosis, with caseation.

CASE 43.—Male. Apical caseous tuberculosis, with cavity formation; bronchiectasis and pulmonary miliary tuberculosis; fibrinous pleuritis, with obliteration of pleural cavity; brown atrophy of heart muscle; acute and chronic nephritis and cystitis.

CASE 44.—Male, 55. Chronic and recent peritonitis; necrosis of the bowel walls; small abscess of abdominal walls; calcareous degeneration of aortic cusps; fatty degeneration of cardiac musculature; chronic nephritis; peri-hepatitis; peri-splenitis.

CASE 45.—Male, 50. Lobar pneumonia of left lower lobe. Lobar pneumonia of left lower lobe; sub-acute diffuse nephritis, and fatty degeneration of the heart.

CASE 46.—Baby, birth. Subcutaneous hæmorrhage of scalp; subdural hæmorrhage; fracture of humerus; hepatic subcapsular hæmorrhage.

CASE 47.—Female, 65. Lobar pneumonia; diaphragmatic empyæma; adhesive pleurisy; acute valvular endocarditis; myocarditis; acute and chronic nephritis; perihepatitis; pulmonary emphysema, and œdema.

CASE 48.—Female, 54. Partial and emergency autopsy. Hydrocephalus, especially of the left lateral ventricle; nephritis.

There were no notes taken on Cases 49, 50 and 51.

CASE 52.—Male, 54. Hypostatic congestion of the lungs; valvular endocarditis; myocarditis; gastric dilatation and atrophy; slight hypertrophy of the liver; early stage of cirrhosis; chronic nephritis.

CASE 53.—Male. Œdema of the lungs; slight general ana-

sarcea; cardiac dilatation and hypertrophy; subacute nephritis; healed apical tuberculosis.

CASE 54.—Male, 28. Acute suppurative gastritis; old pleuritis on the right side; acute toxic nephritis.

CASE 55.—Male, 32. Old valvular endocarditis, with adhesions of mitral curtains; cardiac dilatation and fibrosis; diaphragmatic empyæma; gastric dilatation; perihepatitis; splenitis, with old adhesions; embolic kidney.

CASE 56.—Male, 28. Active pulmonary congestion; slight pulmonary œdema; sub-acute nephritis, with interstitial changes; pyonephritis.

CASE 57.—Male. Lobar pneumonia, right upper lobe; sub-acute diffuse nephritis.

CASE 58.—Male, birth. Pulmonary atelectasis.

CASE 59.—Male, 26. Empyema of the left pleural cavity; pulmonary abscess; erosion of pulmonary artery (in wall of abscess).

CASE 60.—Male, 3. Partial autopsy; intussusception of the ileum into the ascending colon; early peritonitis; gangrene of the bowel.

CASE 61.—Male, 40. Septic broncho-pneumonia; parenchymatous pericarditis; sub-acute nephritis.

CASE 62.—Baby. Hæmorrhage into liver; hæmorrhage into pelvis and kidney; hæmorrhage into base of brain.

CASE 63.—Female, 61. Partial autopsy. Hepatic carcinoma; cholelithiasis.

CASE 64.—Male, 58. Cystotomy, suprapubic; myocarditis; cholelithiasis; hypertrophy of suprarenals; pyonephritis; pelvic pus cavity.

CASE 65.—Male. Partial autopsy. Dilatation of stomach; gastric ulcer; gastro-hepatic adhesions.

CASE 66.—Male, 51. Fibrous myocarditis; coronary sclerosis and obliteration; infarction of the lung; caseous tuberculosis; healing infarction of the kidney.

CASE 67.—Female, 54. Slight endarteritis of the aortic valve; marked coronary sclerosis; fibrous myocarditis; general arterio-sclerosis; thrombosis in the right iliac vein; early hepatic sclerosis.

CASE 68.—Female, 50. Myocarditis (fatty); slight coronary sclerosis; slight chronic valvular endocarditis; chronic interstitial nephritis, with cyst degeneration; erosion of gastric mucosa.

CASE 69.—Female, 51. Partial autopsy. Laparotomy; sarcoma of the uterus; cyst of tube.

CASE 70.—Female, 78.—Sclerosis of the cerebral arteries;

pulmonary tuberculosis; chronic senile nephritis; sclerosis of abdominal aorta and mesenteric vessels.

CASE 71.—Male, 31. Tuberculosis of the kidneys; tubercular cystitis; tubercular prostatitis; general miliary tuberculosis of the spleen; general miliary tuberculosis of the lung; general miliary tuberculosis of the liver; tuberculosis of the first lumbar vertebra.

CASE 72.—Female, 38. Laparotomy; pulmonary thrombosis; pulmonary infarction, with fibrous pleurisy; intestinal adhesions; embolism of the internal iliac veins.

CASE 73.—Male, birth. Congenital absence of the left diaphragm; malposition of the heart; non-descent of testicles; congenital absence of greater part of large colon; asymmetry of the kidneys.

CASE 74.—Male, 54. Carcinoma of the stomach; diffuse cirrhosis, carcinoma of the stomach and septic peritonitis produced by carcinoma; metastatic carcinoma of the lungs; coronary sclerosis; pulmonary tuberculosis.

CASE 75.—Female, 39. Old fibrous pleurisy; pulmonary emphysema; pulmonary bone formation; apical tuberculosis; fibrous myocarditis; sub-acute nephritis; hypertrophy of the suprarenal glands; cystitis; vesico-vaginal fistula.

CASE 76.—Male, 52. Alcoholism and heart failure; duodenal ulcer, with hæmorrhage from an eroded vessel; localized gangrene of the left lung; early chronic interstitial nephritis; an old pleuritis; chronic endocarditis of the aortic valves; patent foramen ovale.

CASE 77.—Female. Pleurisy, tubercular, with fluid; healed apical tuberculosis of both lungs; old chronic endocarditis; coronary sclerosis; old fibrous cholecystitis, with gall stone formation; old peri-hepatitis and splenitis; secondary involvement of the kidney; sub-acute nephritis; new growth in the right adnexa of the uterus.

CASE 78.—Male, 48. Oral fistula; chronic inflammation of the tongue, and cavity formation of the glands of neck; involvement of lung with broncho-pneumonia; myocarditis; brown atrophy; sclerotic kidney; section from tongue shows carcinomatous changes.

CASE 79.—Male, still-born. Pulmonary atelectasis; considerable mucous in the trachea.

CASE 80.—Male, still-born. Pulmonary atelectasis.

CASE 81.—Male, 44. Partial emergency autopsy. Intestinal obstruction, with laparotomy; end-to-end anastomosis of the ileum; early peritonitis; parenchymatous nephritis.

CASE 82.—Female, 52. Typhoid; pelvic abscess, with con-

nection into vagina and small gut; localized peritonitis; erosion of mucous membrane of the ileum; sub-acute nephritis; parenchymatous hepatitis; healed apical tuberculosis; coronary sclerosis and brown atrophy of cardiac muscle.

CASE 83.—Female, 19. Vaginal tear, with rupture of the external sphincter; early peritonitis; subinvolution of the uterus; subpericardial and epicardial hæmorrhages; submucous hæmorrhage of the stomach; acute yellow atrophy of the liver; acute parenchymatous nephritis; liver shows acute disorganization towards centre of lobule—not yellow atrophy.

CASE 84.—Female, 23. Partial autopsy. Septicæmia; acute metritis; early peritonitis; corpus luteum of pregnancy on the right ovary.

CASE 85.—Female, 39. Typhoid fever; typhoid ulceration of the lower ileum, and slight ulceration of the ascending colon; old pleurisy, with effusion on right side; fatty degeneration of kidney.

CASE 86.—Female, 23. Sudden collapse before operation; recto-vaginal fistula; hæmorrhagic congestion of the gastric mucosa; kidneys, liver and spleen especially; cultures from the liver and spleen negative.

CASE 87.—Female, infant. Icterus neonatorum gravis; patent ductus arteriosus; collapse of the left lung.

CASE 88.—Male, 72. Gall stones; impaction of gall stones in the common duct at entrance to the duodenum; old pleuritis; emphysema and hypostatic congestion of the lungs; slight perihepatitis; general peritonitis.

CASE 89.—Male, 48. Patchy sclerosis of the cerebral vessels; hernial protrusion of brain; opening into the lateral ventricle; on section tumor posterior to anterior part of optic thalamus and in the crura-cerebri.

CASE 90.—Male, 58. Pneumonia; right hemiplegia; septic middle ear; purulent meningitis.

CASE 91.—Male, 74. Uræmia; calculus of bladder; cystitis; pericystitis.

CASE 92.—Male. Laceration of the scalp; fracture of the skull; intracranial hæmorrhage; laceration of the brain substance.

CASE 93.—Male, 52. Gastrectasis and pyloric obstruction; œdema; fibrinous endo- and pericarditis; old fibrinous pleuritis; enlargement of all the mesenteric glands; obstruction growth surrounding the pylorus.

CASE 94.—Male. Patent foramen ovale; right lung emphysematous; hypostatic congestion of the left lung; œsophagial obstruction at the cardiac end of the stomach.

CASE 95.—Male, 86. Chronic eczema; chronic myocarditis; dermatitis; axillary abscesses; old pleurisy; partial collapse of the left lung; slight patchy sclerosis of aorta; œdema of the parenchyma; purulent pneumonia; cystic kidney; parenchymatous nephritis.

CASE 96.—Female, birth. Collapse of both lungs.

CASE 97.—Male, 50. Laceration of the scalp; hæmorrhage (1) extra-cranial, (2) intra-cranial; fracture of the skull; maceration of brain substance proper.

CASE 98.—Male, 52. Right inguinal hernia; old pleurisy, with adhesions; dilatation of the heart; mitral incompetence; enlargement and congestion of solitary glands; ulceration of the bowel close to the ileo-cœcal valve.

CASE 99.—Male. Typhoid fever; peritonitis; ulceration of the bowel at the jejunum, ileum, and the ascending colon; perforation of the jejunum; enlargement of the retroperitoneal and mesenteric glands.

CASE 100.—Male, 20. Decubitus ulcers; pneumothorax; total collapse of left lung; large amount of purulent fluid in the left thorax; miliary tubercles covering the pleura of both ribs, and over both lungs; abscess in the base of left lung communicating with the pleural cavities; fatty degeneration of the heart; miliary tubercles on the heart wall; perihepatitis; fatty degeneration of the liver; congestion nephritis; purulent nephritis of the right kidney; miliary tubercles on the spleen.

Report on Surgical Pathology,

From October 1st, 1905, to October 1st, 1906, 308 specimens have been examined and microscopic sections preserved where desirable. In a number of cases a diagnosis has been made in four to fifteen minutes from frozen sections during the operation.

The pathological report is filed with the clinical history as soon as possible. A card index is kept under the patient's name.

The following classification has been made:

Carcinoma of breast	18	Rodent ulcer, occurring below ear...	1
“ axillary glands	5	“ “ occurring over malar	
“ glands at angle of jaw.	3	bone	1
“ bladder	2		
“ eyelid.	3	Endothelioma of tongue	1
“ face	3	“ ear	1
“ nose	1	“ nose	1
“ mouth	1	“ parotid gland	1
“ pylorus	2	“ sole of foot	1
“ neck	3	“ side of leg	1
“ vagina	1		
“ lip	3	Cystoma of breast	3
“ penis	1	“ ovary ..	2
“ omentum	1	“ thyroid	1
“ orbit.	2	“ parotid gland.....	1
“ nasal fossæ	2		
“ uterus et adnexa.....	4	Adenoma of breast	4
“ skin	2	“ prostate.....	1
“ upper maxilla	1		
“ inf. maxilla	1	Cystadenoma of breast.....	1
“ epiglottis	1	“ ovary	1
“ hand	1		
“ ascending colon	1	Fibroma of breast	5
		“ periosteum.....	1
Sarcoma of Scarpa's triangle.....	1		
“ lower jaw.....	2	Fibromyoma of uterus	3
“ temporal bone	1	“ breast.....	1
“ uterus	2		
“ leg	1	Fibrolipoma of abdominal glands....	1
“ spinal cord	1	“ omentum	1
“ eye	1		
“ glands in groin	1	Fibrosteoma of lower maxilla	1
“ testicle	1	“ tibia	1
“ kidney	1		
“ skin (melanoma)	1	Angioma of gland in thigh.....	1
“ sub-maxillary gland (mel-			
anoma)	1		
Inflammatory conditions and hypertrophies.....	105		
Due to tuberculosis of cervical glands	11		
“ anus	1		
“ foot	1		
“ epiglottis	1		
“ œsophagus	1		
“ mesenteric glands	1		
“ testicle	3		
“ knee joint	2		
Due to Hodgkin's disease (cervical glands)	2		
“ Oxyuris vermicularis of appendix	1		

ALFRED H. W. CAULFEILD.
Resident Pathologist.

Report of the Clinical Pathological Laboratory.

The following is a statistical report of the work done in the clinical laboratory of pathology, from April 20th to November 20th, 1906:

VARIOUS ANALYSES.

	Urines.	Stomach.	Vomit.	Fæces.	Bacterial.	Sputum.	Widal Reaction.	Blood.
Patients.....	2034	38	5	6	59	119	156	686
Examinations..	3447	55	5	6	68	156	274	137

URANALYSES.

Routine analyses are made on all patients on entrance into the hospital, also on patients before and after a surgical operation.

Secondary routine examinations are made on all patients from time to time, whenever the clinician thinks necessary.

Microscopical examinations are only made on such specimens which show the presence of albumin, unless especially asked for.

	Urines.	Albumin.	Waxy Casts.	Granular Casts.	Hyaline Casts.	Number of Casts.	No Albumin.
Patients.....	2034	..	..	..	..	..	..
Examinations..	3447	1546	5	69	572	900	1901

STOMACH CONTENTS ANALYSES.

Patients.....	38
Examinations.....	55

VOMITUS ANALYSES.

Patients.....	5
Examinations.....	5

FÆCAL ANALYSES.

Patients.....	6
Examinations.....	6

BACTERIAL ANALYSES.

	Bacterial Examinations.	Gonococcus.		Pleural Effusion for Tubercle Bacilli.		Swabs Tubercle Bacilli.	
		Positive.	Negative.	Positive.	Negative.	Positive.	Negative.
Patients.....	59	..	..	..	..	..	..
Examinations..	68	15	27	..	8	1	1

	Swabs Diphtheria.		Spores for Ringworm.		Hydrocele Fluid.	Tubercle in Abscesses and Sinuses	
	Positive.	Negative.	Positive.	Negative.		Positive.	Negative.
Patients.....	..	..	..	..	..	..	..
Examinations..	1	5	..	1	1	..	8

WIDAL REACTION ANALYSES FOR TYPHOID.

This includes examinations made on specimens for differential diagnosis as well as for confirmatory diagnosis.

	Widal Reactions.	Positive on first Examination.	Positive on two or more Examinations.	Suspicious but not followed out.	Negative on first Examination.	Negative on two Examinations.
Patients.....	156	33	21	25	47	20
Examinations..	272	..	..	..	..	..

ANALYSES OF BLOOD EXAMINATIONS

Complete examinations of the blood have only been made by the laboratory staff since October 5th, 1906. Previous to that only differential counts were made.

	Blood Examinations.	Red Blood Counts.	White Blood Counts.	Differential Counts.	Malarial Organisms.		Coagulation Time.
					Positive.	Negative.	
Patients.....	68	..	..	..	..	..	..
Examinations..	137	20	61	48	1	1	6

SPUTUM ANALYSES.

	Sputums.	Tubercle Bacilli.		Curshman's Spirals and Charcot Leyden Crystals.		Pneumococcus.	
		Positive.	Negative.	Positive.	Negative.	Positive.	Negative.
Patients.....	119	..	..	..	..	..	..
Examinations..	156	29	119	1	1	2	4

D. A. L. GRAHAM.

Report of the Medical Registrar for 1905 and 1906.

ACUTE INFECTIOUS DISEASES.

DISEASE.	In Hospital Oct. 1, '05		Admit'd during 1905-1906		Total	Cured		Relieved		I. S. Q.		Died		In Hospital Oct. 1, '06	
	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Diphtheria	1	..	1	..	1	..	..	..	..	1	..	..	..	..	..
Erysipelas	1	4	17	14	36	16	16	..	..	..	..	2	1	..	1
Febricula .....	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..
Gonorrhoea	1	1	5	4	11	3	..	3	5	..	..	..	..	..	..
Influenza	1	..	10	2	13	10	2	1	..	..	..	..	..	..	..
Malaria .....	..	..	1	..	1	1	1	..	..	..	..	..	..	..	..
Measles .....	..	..	1	2	3	1	2	..	..	..	..	..	..	..	..
Parotitis .....	..	..	4	1	5	..	..	..	..	..	..	..	..	..	..
Pneumonia	4	..	64	13	81	41	9	1	1	1	..	24	3	1	..
Rheumatic Fever	2	4	45	23	74	30	10	15	13	..	..	..	..	2	4
Rheumatism—Chronic .....	..	2	2	..	4	..	..	2	1	..	1	..	..	..	..
Gonorrhoeal .....	..	..	2	1	3	..	..	2	1	..	..	..	..	..	..
Muscular .....	..	..	4	1	5	2	..	2	1	..	..	..	..	..	..
Lumbago .....	..	..	5	2	7	4	..	1	..	..	1	..	..	..	1
Scarlet Fever .....	..	..	1	..	1	..	..	..	..	1	..	..	..	..	..
Septicemia .....	..	..	1	3	4	..	3	1	..	..	..	..	..	..	..
Syphilis .....	..	3	12	9	24	3	1	6	8	..	..	2	1	1	2
Tuberculosis	6	..	22	7	35	1	..	13	1	8	1	5	2	1	2
Typhoid Fever	26	7	110	33	176	97	31	1	..	1	..	7	5	30	4
Varicella .....	..	..	3	3	6	..	3	..	..	..	..	..	..	..	..
Variola .....	..	..	1	..	1	..	..	..	..	1	..	..	..	..	..
Total	41	21	308	119	489	213	79	48	31	13	4	40	12	35	14

POISONS AND CONSTITUTIONAL DISEASES.

Alcoholism	1	..	113	8	127	38	4	74	4	2	..	4	..	1	..
Arthritis—Simple .....	..	..	1	1	2	..	1	1	..	..	..	..	..	..	..
Deformans .....	..	..	3	3	6	..	..	..	1	..	1	..	..	..	1
Debility .....	..	..	5	1	6	..	..	2	..	..	..	3	1	..	..
Diabetes Mellitus .....	..	..	1	4	5	..	..	..	1	..	..	1	2	..	1
Gout .....	..	..	2	..	2	2	..	..	..	..	..	..	..	..	..
Poisons—Acids .....	..	..	1	..	1	1	..	..	..	..	..	..	..	..	..
Arsenical .....	..	..	1	1	2	..	1	..	..	..	..	..	..	..	..
Ammonia .....	..	1	..	1	2	..	1	..	..	..	..	..	..	..	..
Chloral .....	..	..	1	..	1	..	..	..	..	..	1	..	..	..	..
Coal Gas .....	..	..	2	..	2	2	..	..	..	..	..	..	..	..	..
Lead .....	..	..	1	..	1	1	..	..	..	..	..	..	..	..	..
Opium (Morphinism)	1	..	2	1	4	..	..	2	..	..	..	1	1	..	..
Sewer Gas .....	..	..	3	..	3	3	..	..	..	..	..	..	..	..	..
Carbolic .....	..	..	2	3	5	1	2	..	..	..	..	1	1	..	..
Miscellaneous .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Total	2	1	139	22	164	48	9	79	6	2	1	11	5	1	2

DISEASES OF HEART AND BLOOD VESSELS.

Aneurysm	2	..	1	..	3	..	..	..	..	1	..	2	..	..	..
Arterio Sclerosis	1	..	..	..	1	..	..	..	..	1	..	..	..	..	..
Dilatation, acute .....	..	..	1	..	1	..	..	..	..	..	..	1	..	..	..
Endocarditis .....	..	..	8	8	16	2	2	3	3	..	..	3	3	..	..
Myocarditis	1	..	3	3	7	..	1	2	..	..	2	2	..	..	..
Palpitation .....	..	..	2	..	2	1	..	..	..	1	..	..	..	..	..
Pericarditis .....	..	..	2	1	3	..	1	..	..	..	..	2	..	..	..
Phlebitis .....	..	..	1	1	2	..	1	..	..	..	..	..	..	1	..
Vena Cava Stenosis .....	..	..	1	..	1	..	..	..	..	..	..	..	..	1	..
Valvular Disease—															
Aortic Regurgitation .....	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..
Mitral .....	..	2	7	1	10	..	..	6	1	1	..	..	2	..	..
Mitral Stenosis .....	..	..	1	1	2	..	..	..	1	..	..	1	..	..	..
Not classified .....	..	1	11	6	18	..	..	2	3	2	..	6	3	1	1
Total	4	3	39	21	67	3	5	14	8	6	..	17	10	3	1

REPORT OF MEDICAL REGISTRAR—Continued.

DISEASES OF ALIMENTARY SYSTEM.

DISEASE.	In Hospital Oct. 1, '05		Admit'd during 1905-1906		Total	Cured		Relieved		I. S. Q.		Died		In Hospital Oct. 1, '06	
	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Appendicitis	8	8	16	5	7	2	..	..	..	1	..	..	1
Ascites	1	..	1	2	..	..	..	1	..	..	..	1	..	..
Cholelithiasis	3	3	6	3	..	..	1	..	..	..	1	..	..
Colitis	1	3	4	1	2	..	1	..	..	..	..	..	..
Constipation	2	1	3	1	..	1	1	..	..	..	..	..	..
Diarrhœa	2	1	3	1	..	..	..	1	..	..	..	1	1
Dysentery	3	2	5	..	1	..	..	..	..	2	..	1	1
Dyspepsia	1	2	2	5	..	3	2	..	..	..	..	..	..	..
Emesis Gravidarum	1	..	1	2	..	2	..	..	..	..	..	..	..	..
Enteritis Acute	5	2	7	3	1	..	..	..	..	1	..	1	1
Gastralgia	1	..	1	1	3	1	..	1	1	..	..	..	..	..	..
Gastric Cancer	10	1	11	..	..	1	1	4	..	4	..	1	..
Dilatation	1	..	1	..	..	1	..	..	..	..	..	..	..
Ulcer	1	2	3	5	11	..	6	2	1	2	..	..	..	..	..
Gastritis Acute	15	19	34	5	16	5	3	5	..	..	..	..	..
Chronic	3	..	3	..	..	..	3	..	..	..	..	..	..
Suppurative	1	..	1	..	..	..	..	..	1	..	..	..	..
Gastropotosis
Gastrectasis	1	..	1	..	..	..	..	..	1	..	..	..	..
Hæmatemesis	1	..	..	1	..	..	1	..	..	..	..	..	..	..
Indigestion	2	2	4	2	2	..	..	..	..	..	..	..	..
Ileocolitis	1	..	1	1	..	..	..	..	..	..	..	..	..
Incontinence Faeces	1	..	1	..	..	1	..	..	..	..	..	..	..
Jaundice	3	..	3	3	..	..	..	..	..	..	..	..	..
Lingual Ulcer	1	..	1	..	..	..	1	..	..	..	..	..	..
Liver Cirrhosis	2	..	3	..	5	..	..	2	..	..	..	3	..	..	..
Carcinoma	1	1	2	..	..	..	..	..	..	1	1	..	..
Esophageal Carcinoma	1	1	2	..	..	1	..	..	..	1	..	..	..
Stricture	1	..	1	..	..	..	1	..	..	..	..	..	..
Peritonitis	2	..	2	1	..	..	..	..	..	1	..	..	..
Tubercular	1	..	1	..	..	1	..	..	..	..	..	..	..
Rectal Carcinoma	2	..	2	..	..	1	..	1	..	..	..	..	..
Tænia	2	1	..	3	..	2	1	..	..	..	..	..	..	..
Tonsillitis	10	13	23	10	11	..	2	..	..	..	..	..	..
Toxæmia	6	8	14	5	4	..	1	..	..	1	1	2	..
Total	4	8	97	75	184	42	57	25	14	15	..	14	5	5	7

DISEASES OF THE RESPIRATORY SYSTEM.

Asthma	2	1	7	4	14	..	1	6	2	1	..	1	..	1	2
Bronchitis	2	..	24	15	41	10	8	12	6	..	1	..	..	4	..
Broncho Pneumonia .....	..	..	4	..	4	2	..	..	..	..	2	..	..	..	..
Emphysema .....	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..
Empyæma	2	..	3	..	5	1	..	3	..	..	..	..	..	1	..
Epistaxis .....	..	..	2	..	2	1	..	1	..	..	..	..	..	..	..
Hæmoptysis .....	..	..	1	..	1	1	..	..	..	..	..	..	..	..	..
Nasal—Adenoids .....	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..
Catarrh .....	..	..	1	..	1	1	..	..	..	..	..	..	..	..	..
Pleurisy	1	..	25	10	36	16	9	7	..	1	..	1	..	1	1
Pneumonia, Chronic .....	..	..	1	..	1	1	..	..	..	..	..	..	..	..	..
Pulmonary Abscess	1	..	1	..	2	..	..	1	..	..	..	1	..	..	..
Thrombus .....	..	..	1	..	1	..	..	..	..	..	1	..	..	..	..
Total	8	1	71	30	110	33	19	31	8	2	1	6	..	7	3

DISEASES OF THE BLOOD GLANDULAR SYSTEM.

Anaemia .....	..	4	5	10	19	..	2	4	6	..	2	1	1	..	3
Chlorosis .....	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..
Exophthalmic Goitre .....	..	..	1	2	3	..	..	1	..	..	1	..	1	..	..
Filaria .....	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..
Hodgkins .....	..	..	..	1	1	..	..	..	..	1	..	..	..	..	..
Leukæmia .....	..	..	2	..	2	..	..	..	1	..	1	..	..	..	..
Peliosis Rheumatica .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pernicious Anæmia .....	..	..	2	4	6	1	..	1	4	..	..	..	..	..	..
Total .....	..	4	11	18	33	1	3	7	10	1	4	2	2	..	3

REPORT OF MEDICAL REGISTRAR—Continued.

DISEASES OF THE GENITO-URINARY SYSTEM.

DISEASE.	In Hospital Oct. 1, '05		Admit'd during 1905-1906		Total	Cured		Relieved		I. S. Q.		Died		In Hospital Oct. 1, '06	
	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Abortion	2	..	2	4	..	2	..	2	..	..	..	..	..	..
Bladder—Calculus	2	1	3	1	1	..	..	1	..	..	..	..	..
Cystitis	1	..	1	..	..	1	..	..	..	..	..	..	..
Papilloma	1	1	..	..	..	1	..	..	..	..	..	..
Dysmenorrhoea
Eclampsia	1	1	..	..	..	..	..	..	1	..	..	..
Endometritis	1	1	..	1	..	..	..	..	..	..	..	..
Epididymitis	1	..	1	..	..	1	..	..	..	..	..	..	..
Menopause	1	1	..	..	..	1	..	..	..	..	..	..
Metritis	1	1	..	..	..	..	..	..	..	..	..	..
Nephritis—Acute	8	8	16	1	1	1	..	..	..	6	5	..	2
Tubercular	1	..	1	..	..	..	..	..	..	1	..	..	..
Ovaritis	1	1	..	1	..	..	..	..	..	..	..	..
Pelvic Cellulitis	2	2	..	1	..	1	..	..	..	..	..	..
Puerperium	9	234	243	..	194	..	..	..	33	..	..	..	16	..
Pyelitis	1	..	1	..	..	..	1	..	..	..	..	..	..
Pyelonephritis	1	1	..	..	1	..	..	..	..	..	..	..
Orchitis	1	..	1	1	..	..	..	..	..	..	..	..	..
Salpingitis	2	2	..	2	..	..	..	..	..	..	..	..
Suppression of Urine	1	..	1	1	..	..	..	..	..	..	..	..	..
Septicæmia—Puerperal	1	1	..	..	..	..	..	..	1	..	..	..
Uræmia	3	..	3	..	..	..	..	..	..	3	..	..	..
Vaginitis	1	1	..	1	..	..	..	..	..	..	..	..
Total	11	19	258	288	4	205	3	6	2	33	10	7	..	18

DISEASES OF THE CUTANEOUS SYSTEM.

Acne .....	..	..	1	..	1	1	..	..	..	..	..	..	..	..	..
Dermatitis .....	..	1	..	2	3	..	1	..	1	..	1	..	..	..	..
Eczema	1	..	12	6	19	5	1	5	5	..	1	..	2	..	..
Erythema .....	..	..	1	2	3	..	1	1	1	..	..	..	..	..	..
Furunculosis .....	..	..	3	..	3	3	..	..	..	..	..	..	..	..	..
Herpes Zoster .....	..	..	..	3	3	..	3	..	..	..	..	..	..	..	..
Ichthyosis .....	..	..	..	1	1	..	1	..	..	..	..	..	..	..	..
Impetigo .....	..	1	5	1	7	4	2	1	..	..	..	..	..	..	..
Lupus .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Pediculosis .....	..	..	4	5	9	3	5	1	..	..	..	..	..	..	..
Pemphigus .....	..	..	..	1	1	..	..	..	..	1	..	..	..	..	..
Pompholyx .....	..	..	2	..	2	2	..	..	..	..	..	..	..	..	..
Psoriasis .....	..	..	1	2	3	..	..	1	2	..	..	..	..	..	..
Rodent Ulcer .....	..	..	..	1	1	..	..	..	..	..	..	1	..	..	..
Scabies .....	..	..	6	2	8	5	2	1	..	..	..	..	..	..	..
Sycosis .....	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..
Pruritis .....	..	..	1	..	1	1	..	..	..	..	..	..	..	..	..
Ulcus .....	..	..	2	3	5	2	2	1	..	..	..	..	..	..	..
Tinea Tonsurans .....	..	..	1	1	2	1	5	..	3	..	..	..	..	..	..
Total	1	3	40	36	80	27	23	11	13	..	2	1	1	2	..

REPORT OF MEDICAL REGISTRAR—Continued.

DISEASES OF NERVOUS SYSTEM.

DISEASE.	In Hospital Oct. 1, '05		Admit'd during 1905-1906		Total	Cured		Relieved		I. S. Q.		Died		In Hospital Oct. 1, '06	
	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Amyotrophic Lateral Sclerosis.....	1	..	..	..	1	..	..	..	..	..	..	1	..	..	..
Anterior Poliomyelitis .....	..	..	..	1	1	..	..	..	1	..	..	..	..	..	..
Apoplexy .....	..	..	1	..	1	..	..	..	..	..	..	1	..	..	..
Catalepsy .....	..	..	..	1	1	..	..	..	1	..	..	..	..	..	..
Cerebral—Arterio-Sclerosis .....	..	..	1	..	1	..	..	..	..	..	..	..	..	..	..
Abscess	1	..	..	..	1	..	..	..	..	..	..	1	..	..	..
Hæmorrhage .....	..	..	2	2	4	..	..	1	..	..	..	1	..	..	..
Syphilis .....	..	..	2	2	4	..	..	2	2	..	..	..	..	..	..
Thrombosis .....	..	..	2	1	3	1	..	1	1	..	..	1	..	..	..
Chorea	1	..	1	2	4	..	1	2	1	..	..	..	..	..	..
Convulsions .....	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..
Diphtheritic Paralysis .....	..	..	1	..	1	..	..	..	1	..	..	..	..	..	..
Epilepsy .....	..	..	11	7	18	1	..	6	7	2	2	1	..	1	..
Functional Paralysis .....	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..
General Paresis .....	..	..	3	..	3	..	..	..	..	2	..	..	..	1	..
Hemiplegia	2	3	8	6	19	2	..	3	4	2	4	2	..	1	1
Hydrocephalus .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Hysteria .....	..	1	11	30	42	2	10	6	19	1	1	..	..	2	1
Insanity—Mania	1	..	3	19	23	..	..	1	..	3	18	..	..	..	..
Melancholia .....	..	..	3	4	7	..	..	1	3	2	1	..	..	..	..
Dementia .....	..	2	1	2	5	..	..	..	..	1	2	..	2	..	..
Dem. Præcox .....	..	..	2	..	2	..	..	1	..	1	..	..	..	..	..
Paranoia .....	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..
Insomnia .....	..	..	2	..	2	..	..	1	..	1	..	..	..	..	..
Landry's Paralysis .....	..	..	1	..	1	..	..	..	..	..	1	..	..	..	..
Locomotor Ataxia	1	..	8	1	10	1	..	6	..	1	..	..	..	1	1
Meningitis .....	..	..	2	3	5	..	1	1	..	..	..	2	1	..	..
Migraine .....	..	..	..	2	2	..	1	..	1	..	..	..	..	..	..
Myelitis .....	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..
Neuralgia .....	..	..	..	2	2	..	2	..	..	..	..	..	..	..	..
Neurasthenia	2	4	25	46	77	3	11	17	34	6	4	..	..	1	1
(Cerebrasthenia) .....	..	..	4	7	11	2	3	2	2	..	..	..	..	..	2
Neuritis	1	..	2	1	4	..	..	2	..	..	..	1	..	1	..
Paralysis—Agitans	2	..	1	2	5	..	..	1	..	2	1	..	1	..	..
Brachial .....	..	..	1	1	1	..	..	..	1	..	..	..	..	..	..
Facial	1	..	..	..	1	..	..	1	..	..	..	..	..	..	..
Paraplegia Spastic .....	..	..	6	..	6	..	..	4	..	2	..	..	..	..	..
Prog. Muscular Atrophy .....	..	..	1	..	1	..	..	..	..	..	1	..	..	..	..
Sciatica .....	..	7	5	12	3	2	4	3	..	..	..	..	..	..	..
Shock .....	..	..	1	..	1	1	..	..	..	..	..	..	..	..	..
Spinal Caries .....	..	..	..	1	1	..	..	1	..	..	..	..	..	..	..
Cord Injury .....	..	..	1	..	1	..	..	1	..	..	..	..	..	..	..
Tumor	1	..	..	1	1	..	..	1	..	..	..	..	..	..	..
Syphilophobia .....	..	..	..	1	1	..	..	..	..	1	..	..	..	..	..
Tumor Cerebral .....	..	..	3	..	3	2	..	..	..	..	..	..	..	1	..
Total	14	10	120	147	291	18	32	69	81	27	32	10	6	10	6

SUMMARY.

DISEASES.	In Hospital Oct. 1, '05		Admit'd during 1905-1906		Total	Cured		Relieved		I. S. Q.		Died		In Hospital Oct. 1, '06	
	M.	F.	M.	F.		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Infectious	41	21	308	119	489	213	79	48	31	13	4	40	12	35	14
Heart and Blood Vessels	4	3	39	21	67	3	5	14	8	6	..	17	10	3	1
Respiratory	8	1	71	30	110	33	19	31	8	2	1	6	..	7	3
Blood-Glandular .....	..	4	11	18	33	1	3	7	10	1	4	2	2	..	3
Genito-Urinary .....	..	11	19	258	288	4	205	3	6	2	33	10	7	..	18
Cutaneous	1	3	40	36	80	27	23	11	13	..	2	1	1	2	..
Nervous	14	10	120	147	291	18	32	69	81	27	32	10	6	10	6
Alimentary	4	8	97	75	184	42	57	25	14	15	..	14	5	5	7
Constitutional	2	1	139	22	164	48	9	79	6	2	1	11	5	1	2
Total	74	62	844	726	1706	389	432	287	177	68	77	111	48	63	54

Report of the Surgical Registrar.

DISEASE	In Hospital Oct. 1, 1905		Admitt'd		TOTAL	Cured or relieved		Not bene- fited		Died		In Hospital Oct. 1, 1906	
	Males	Females	Males	Females		Males	Females	Males	Females	Males	Females	Males	Females
Abortion (incomplete) .....	..	..	..	22	22	..	20	..	1	..	..	..	1
Abscess—													
Alveolar .....	..	..	1	1	2	..	1	1	..	..	..	..	..
Axillary .....	..	..	2	..	2	2	..	..	..	..	..	..	..
Bartholinian .....	..	..	..	1	1	..	1	..	..	..	..	..	..
Cerebellar	1	..	..	..	1	..	..	..	..	1	..	..	..
Epitrochlear .....	..	..	..	1	1	..	1	..	..	..	..	..	..
Inguinal .....	..	..	4	1	5	4	1	..	..	..	..	..	..
Ischio-rectal	1	..	2	..	3	2	..	..	..	1	..	..	..
Lachrymal .....	..	..	3	1	4	3	1	..	..	..	..	..	..
Mammary .....	..	..	..	3	3	..	2	..	..	1	..	..	..
Meibomian .....	..	..	..	1	1	..	1	..	..	..	..	..	..
Palmar	1	..	1	..	2	2	..	..	..	..	..	..	..
Pelvic .....	..	..	..	3	3	..	2	..	..	..	..	..	1
Perineal .....	..	..	1	..	1	..	..	1	..	..	..	..	..
Perinephritic .....	..	..	3	..	3	3	..	..	..	..	..	..	..
Psoas	1	..	5	1	7	4	..	1	1	..	..	1	..
Tonsillar .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Unclassified	2	..	21	6	29	21	6	..	..	..	..	2	..
Adenoma—Breast .....	..	..	..	6	6	..	6	..	..	..	..	..	..
Adenoids .....	..	..	3	10	13	3	10	..	..	..	..	..	..
Adhesions—Abdominal .....	..	..	3	1	4	3	1	..	..	..	..	..	..
Amblyopia .....	..	..	..	1	1	..	1	..	..	..	..	..	..
Aneurysm—Venous	1	..	..	..	1	1	..	..	..	..	..	..	..
Angioma .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Angio-sarcoma—Finger .....	..	..	..	1	1	..	1	..	..	..	..	..	..
Ankylosis—													
Elbow .....	..	..	2	1	3	2	1	..	..	..	..	..	..
Shoulder .....	..	..	..	1	1	..	1	..	..	..	..	..	..
Appendicitis	10	11	150	95	206	139	95	2	..	7	3	12	8
Arthritis—													
Ankle .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Knee .....	..	..	2	..	2	2	..	..	..	..	..	..	..
Bunion .....	..	..	1	2	3	1	2	..	..	..	..	..	..
Burns and Scalds	2	..	26	3	31	13	2	..	..	4	1	11	..
Burn of Cornea .....	..	..	3	..	3	2	..	..	..	..	..	1	..
Bursitis .....	..	..	4	..	4	4	..	..	..	..	..	..	..
Calculi—													
Biliary	1	1	6	8	16	4	9	..	..	1	..	2	..
Renal	1	..	8	1	10	7	1	2	..	..	..	..	..
Vesical	1	..	8	..	9	5	..	..	..	3	..	1	..
Carbuncle .....	..	..	1	1	2	1	1	..	..	..	..	..	..
Carcinoma—													
Bladder .....	..	..	5	..	5	1	..	2	..	2	..	..	..
Breast .....	..	1	21	23	..	16	..	3	..	1	1	2	..
Colon .....	..	..	4	1	5	1	..	..	..	3	1	..	..
Face .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Gall Bladder .....	..	..	..	1	1	..	..	..	..	1	..	..	..
Glands .....	..	..	3	1	4	2	1	..	..	..	1	..	..
Jaw, lower .....	..	..	6	2	8	4	1	2	1	..	..	..	..
Larynx .....	..	..	1	..	1	..	..	..	..	1	..	..	..
Liver .....	..	..	3	3	6	..	..	1	2	2	1	..	..
Esophagus .....	..	..	3	..	3	..	..	..	..	3	..	..	..
Omentum .....	..	..	..	1	1	..	..	..	1	..	..	..	..
Ovary .....	..	..	..	2	2	..	..	..	..	2	..	..	..
Pancreas .....	..	..	..	2	2	..	..	..	2	..	..	..	..
Penis .....	..	..	1	..	1	..	..	..	..	..	..	..	..
Rectum .....	..	1	6	1	8	3	1	1	..	..	2	1	..
Stomach .....	..	..	7	1	8	2	1	3	..	2	..	..	..
Tongue .....	..	..	5	1	6	1	1	3	..	1	..	..	..
Uterus .....	..	2	..	12	14	..	7	..	3	..	2	..	2
Cataract	1	..	37	36	74	31	32	6	2	..	..	1	2
Cellulitis—													
Pelvic .....	..	..	..	9	9	..	8	..	..	1	..	..	..
Upper limb .....	..	..	1	..	1	1	..	..	..	..	..	..	..

REPORT OF THE SURGICAL REGISTRAR—Continued.

DISEASE	In Hospital Oct. 1, 1905		Admitt'd		TOTAL	Cured or relieve		Not bene- fited		Died		In Hospital Oct. 1, 1906	
	Males	Females	Males	Females		Males	Females	Males	Females	Males	Females	Males	Females
Cholecystitis	2	3	5	2	3	..	..	..	..	..	1
Chondroma	1	1	1	1	1	..	..	..	..	..	..
Cleft palate	4	3	7	4	3	..	..	..	..	..	..
Concussion of brain	10	1	11	8	1	..	..	2	..	..	..
Conjunctivitis	4	1	5	4	1	..	..	..	..	..	..
Contracture	2	3	5	2	2	..	1	..	..	..	..
Coccydynia	1	1	1	..	1	..	..	..	..	..	..
Corneal opacity	4	2	6	4	2	..	..	..	..	..	..
Cyst—
Dentigerous	1	..	1	..	..	..	..	..	..	1	..
Of tibia	1	1	1	1	1	..	..	..	..	..	..
Liver	1	..	1	1	..	..	..	..	..	..	..
Mammary	1	..	1	..	..	..	..	..	..	..	..
Ovarian	3	2	30	..	24	..	..	3	..	1	..
Sebaceous	2	2	..	2	..	..	..	..	..	..
Sublingual	1	..	1	1	..	..	..	..	..	..	..
Cystitis	24	6	29	17	4	2	..	3	1	2	..
Dacryocystitis	1	1	2	1	1	..	..	..	..	..	..
Deafness	1	..	1	1	..	..	..	..	..	..	..
Deflected septum nasi	5	2	7	5	1	..	1	..	..	..	..
Deformed finger	1	..	1	1	..	..	..	..	..	..	..
Deformed nose	1	1	..	1	..	..	..	..	..	..
Dermoid	1	..	1	1	..	..	..	..	..	..	..
Diabetes mellitus	2	..	2	..	..	..	..	2	..	..	..
Diagnosis not made	3	..	3	..	..	3	..	..	..	..	..
Dislocations—
Ankle	1	..	1	1	..	..	..	..	..	..	..
Elbow	5	..	5	5	..	..	..	..	..	..	..
Hip	3	..	3	1	..	..	..	2	..	..	..
Radius	1	1	..	1	..	..	..	..	..	..
Semi-lunar cartilage	4	..	4	4	..	..	..	..	..	..	..
Shoulder	7	1	8	7	1	..	..	..	..	..	..
Wrist	1	..	1	1	..	..	..	..	..	..	..
Dysmenorrhœa	7	7	..	7	..	..	..	..	..	..
Ectopic gestation	1	..	6	7	..	..	..	..	..	..	..
Edema of leg	1	1	2	1	1	..	..	..	..	..	..
Empyema—
Antrum	4	4	8	3	4	..	..	..	..	1	..
Frontal sinus	4	2	6	4	2	..	..	..	..	..	..
Pleura	3	2	5	1	2	..	..	1	..	1	..
Endometritis	12	12	..	11	..	..	..	..	..	1
Epididymitis	2	..	2	2	..	..	..	..	..	..	..
Epilepsy—Jacksonian	1	..	1	..	..	..	..	..	..	1	..
Epiphyseal separation—Radius	1	1	..	1	..	..	..	..	..	..
Epithelioma—
Anus	1	..	1	1	..	..	..	..	..	..	..
Eye	1	..	..	1	1	..	..	..	..	..	..	..
Eyelid	1	..	1	1	..	..	..	..	..	..	..
Frontal sinus	1	..	1	..	..	1	..	..	..	..	..
Lip	5	..	5	4	..	..	..	..	..	1	..
Erosion of cervix uteri	2	2	..	2	..	..	..	..	..	..
Erysipelas	1	1	2	1	..	..	..	..	..	..	1
Ethmoiditis	1	1	..	1	..	..	..	..	..	..
Fibroid—Post nasal	2	2	..	2	..	..	..	..	..	..
Fibro-myoma of uterus	2	18	..	20	..	15	..	1	..	..	..	4
Fissure—Anal	4	3	7	4	3	..	..	..	..	..	..
Fistula—
Anal	13	3	16	11	3	1	..	1	..	..	..
Biliary	1	1	..	1	..	..	..	..	..	..
Fæcal	1	..	1	2	..	2	..	..	..	..	..	..
Lumbo-renal	1	..	1	1	..	..	..	..	..	..	..
Recto-vaginal	2	..	2	..	1	..	..	..	1	..	..
Vesico-perineal	1	..	1	1	..	..	..	..	..	..	..
Vesico-vaginal	1	1	..	1	..	..	..	..	..	..
Foreign body in eye	5	..	5	4	..	..	..	..	..	1	..
“ “ foot	1	..	2	1	..	..	1	..	..	..	..
“ “ hand	4	4	..	4	..	..	..	..	..	..

REPORT OF THE SURGICAL REGISTRAR—Continued.

DISEASE	In Hospital Oct. 1, 1905		Admitt'd		Total	Cured or relieved		Not bene- fited		Died		In Hospital Oct. 1, 1906	
	Males	Females	Males	Females		Males	Females	Males	Females	Males	Females	Males	Females
Fracture—													
Astragalus .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Clavicle	1	..	13	..	14	14	..	..	..	..	..	..	..
Elbow .....	..	..	2	..	2	2	..	..	..	..	..	..	..
Femur	6	1	7	3	17	12	4	..	..	..	..	1	..
Fibula	1	..	5	1	7	6	1	..	..	..	..	..	..
Fibula and tibia	2	..	16	2	20	16	1	..	..	1	..	1	1
Humerus	2	1	11	1	15	11	2	..	..	..	..	2	..
Malar .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Maxilla, inferior .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Nasal .....	..	..	2	..	2	2	..	..	..	..	..	..	..
Os calcis .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Patella	2	..	5	..	7	7	..	..	..	..	..	..	..
Pelvis .....	..	..	1	..	1	..	..	..	..	..	..	1	..
Phalanx .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Radius	3	2	5	1	11	7	3	..	..	..	..	1	..
Radius and ulna .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Ribs .....	..	..	15	3	18	12	3	..	..	2	..	1	..
Scapula .....	..	..	..	1	1	..	1	..	..	..	..	..	..
Skull—Base .....	..	..	2	2	4	..	..	..	..	2	2	..	..
Tarsus .....	..	..	3	1	4	3	1	..	..	..	..	..	..
Tibia	3	1	8	..	12	10	1	..	..	..	..	1	..
Ulna .....	..	..	2	..	2	..	..	..	..	..	..	..	..
Frost bite .....	..	..	3	..	3	3	..	..	..	..	..	..	..
Furunculosis .....	..	..	7	3	10	6	3	..	..	..	..	1	..
Gangrene—													
Fingers .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Foot .....	..	..	2	5	7	1	1	..	..	1	4	..	..
Skin .....	..	..	..	2	2	..	1	..	..	..	1	..	..
Gastrectasis .....	..	..	..	1	1	..	1	..	..	..	..	..	..
Gastritis .....	..	..	2	1	3	2	1	..	..	..	..	..	..
Glaucoma .....	..	..	7	3	10	6	3	1	..	..	..	..	..
Goitre .....	..	1	2	16	19	2	16	..	..	..	..	..	1
Goitre—Exophthalmic .....	..	..	..	3	3	..	3	..	..	..	..	..	..
Gonorrhoea	2	1	14	6	23	15	6	..	..	..	..	1	1
Hæmatoma—													
Ovarian .....	..	..	..	1	1	..	..	..	..	..	..	..	1
Prepatellar bursa .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Unclassified .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Hæmophylla .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Hæmorrhage—													
Intraocular .....	..	..	2	..	2	..	..	..	..	..	..	..	..
Nasal .....	..	..	3	1	4	3	1	..	..	..	..	..	..
Hæmorrhoids	1	1	16	5	23	15	6	2	..	..	..	..	..
Hallux valgus .....	..	..	2	..	2	2	..	..	..	..	..	..	..
Hammer-toe .....	..	..	1	1	2	1	1	..	..	..	..	..	..
Harelip .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Hernia—													
Femoral .....	..	1	5	8	14	5	9	..	..	..	..	..	..
Inguinal	5	..	54	11	70	52	10	1	..	..	..	6	1
Inguinal, strangulated .....	..	..	2	..	2	..	..	..	..	1	..	1	..
Umbilical .....	..	..	1	..	1	..	..	1	..	..	..	..	..
Ventral .....	..	..	3	7	10	1	7	1	..	..	..	1	..
Hydrocele—													
Encysted .....	..	..	1	..	1	..	..	..	..	..	..	..	..
Vaginal .....	..	..	9	..	9	..	..	..	..	..	..	..	..
Hydronephrosis .....	..	..	1	..	1	..	..	..	..	1	..	..	..
Hydrosalpinx .....	..	..	..	2	2	..	2	..	..	..	..	..	..
Hymen—Imperforate .....	..	1	..	..	1	..	1	..	..	..	..	..	..
Hypermetropia .....	..	..	1	..	1	..	..	..	..	..	..	..	..
Hypertrophy—Breast .....	..	..	..	2	2	..	2	..	..	..	..	..	..
Hypopyon .....	..	..	1	1	2	1	1	..	..	..	..	..	..
Hypospadias .....	..	..	1	..	1	..	..	..	..	..	..	..	..
Incontinence of urine .....	..	..	2	1	3	2	1	..	..	..	..	..	..
Infection of finger .....	..	..	6	2	8	6	2	..	..	..	..	..	..
“ hand	2	..	10	1	13	12	1	..	..	..	..	..	..
Ingrowing toe nail .....	..	..	2	..	2	2	..	..	..	..	..	..	..

REPORT OF THE SURGICAL REGISTRAR—Continued.

DISEASE	In Hospital Oct. 1, 1905		Admitt'd		TOTAL	Cured or relieved		Not bene- fited		Died		In Hospital Oct. 1, 1906	
	Males	Females	Males	Females		Males	Females	Males	Females	Males	Females	Males	Females
Injury—													
Abdominal	2	..	2	..	2	2	..	..	..	..	..	..	..
Arm	3	1	3	1	4	5	1	..	..	..	..	..	..
Back	10	3	13	9	3	..	..	..	..	1	..
Elbow	1	1	2	1	1	..	..	..	..	..	..
Eye	3	..	25	1	29	21	1	3	1	..	..	4	..
Face	1	..	1	..	2	1	1	..	..	..	..	..	..
Foot	3	..	16	1	20	19	1	..	..	..	..	..	..
Hand	2	..	15	1	18	16	1	..	..	..	..	1	..
Head	4	1	5	4	..	..	..	1	..	..	..
Hip	1	..	3	..	4	4	..	..	..	..	..	..	..
Internal	5	..	5	1	..	..	..	..	..	..	..
Knee	1	1	2	1	1	..	..	..	..	..	..
Leg	9	2	11	8	2	..	..	1	..	..	..
Multiple	2	..	2	2	..	..	..	..	..	..	..
Shoulder	1	..	1	1	..	..	..	..	..	..	..
Unclassified	1	..	1	1	..	..	..	..	..	..	..
Intussusception	4	1	5	3	2	1	..	..	..	..	..
Iridocyclitis	2	..	2	..	..	..	..	..	..	..	..
Iris, contracted	10	2	12	8	1	..	..	..	..	2	1
Iritis	3	..	3	3	..	..	..	..	..	..	..
Keratitis	11	1	12	8	1	1	..	..	..	2	..
Keratoconus	13	7	20	12	6	..	..	..	..	1	1
Kidney, movable	1	..	1	1	..	..	..	..	..	..	..
Laceration of cervix uteri	3	3	..	2	..	2	..	..	..	..
“ cervix uteri and perineum	10	10	..	10	..	..	..	..	..	..
“ perineum	5	5	..	4	..	..	..	..	1	..
Laryngitis	3	3	..	3	..	..	..	..	..	..
Lipoma	1	..	1	1	..	..	..	..	..	..	..
Lymphadenitis—	3	3	..	3	..	..	..	..	..	..
“ Cervical, simple	4	..	4	4	..	..	..	..	..	..	..
“ tuberculous	13	13	26	13	13	..	..	..	..	..	..
“ Inguinal, simple	2	..	2	2	..	..	..	..	..	..	..
Mastoiditis	1	..	9	3	13	9	3	..	1	..	..	..	..
Menopause	1	1	2	1	1	..	..	..	..	..	..
Metatarsalgia	1	1	2	1	1	..	..	..	..	..	..
Nevo-lipoma	1	1	2	1	1	..	..	..	..	..	..
Necrosis—	1	1	..	..	..	..	..	..	1	..
Maxilla, inferior	1	..	1	..	..	..	..	..	..	1	..
Metatarsus	1	1	2	1	1	..	..	..	..	1	..
Ossicles	1	1	2	1	1	..	..	..	..	..	..
Rib	2	1	3	2	1	..	..	..	..	..	..
Tibia	1	..	2	2	5	3	2	..	..	..	..	..	..
Neuralgia—
Facial	1	3	4	1	2	..	1	..	..	..	..
Infraorbital	1	..	1	1	..	..	..	..	..	..	..
Supraorbital	1	..	1	1	..	..	..	..	..	..	..
Neurasthenia	9	13	22	5	11	4	2	..	..	..	..
Obstruction, intestinal	9	5	14	6	3	..	3	1	..	1	..
Ophthalmia, gonorrhœal	1	1	..	..	..	..	..	..	1	..
Ophthalmitis (pan)	1	1	2	1	1	..	..	..	..	..	..
Optic atrophy	1	..	1	..	..	1	..	..	..	..	..
Orchitis	9	..	9	9	..	..	..	..	..	..	..
Osteomyelitis—
Femur	1	..	1	1	..	..	..	..	..	..	..
Maxilla, inferior	1	..	..	..	1	1	..	..	..	..	..	..	..
Tibia	1	..	2	..	3	2	..	1	..	..	..	..	..
Otitis media	5	5	10	5	4	..	1	..	..	..	..
Ovaritis	8	8	..	6	..	1	..	..	..	1
Painful amputation stump	1	1	..	1	..	..	..	..	..	..
Papilloma of mouth	1	..	1	1	..	..	..	..	..	..	..
“ vocal cord	1	..	1	1	..	..	..	..	..	..	..
“ vulva	2	2	..	2	..	..	..	..	..	..
Paraplegia	2	..	2	1	..	1	..	..	..	..	..
Parotid tumor—Simple	1	..	..	..	1	1	..	..	..	..	..	..	..
Periostitis	2	..	2	2	..	..	..	..	..	..	..

REPORT OF THE SURGICAL REGISTRAR—*Continued.*

DISEASE	In Hospital Oct. 1, 1905		Admitt'd		TOTAL	Cured or relieved		Not bene- fited		Died		In Hospital Oct. 1, 1906	
	Males	Females	Males	Females		Males	Females	Males	Females	Males	Females	Males	Females
Peritonitis—													
General septic	1	2	3	..	..	..	..	1	2	..	..
Pelvic	3	3	..	3	..	..	..	..	..	..
Phimosis	2	..	2	2	..	..	..	..	..	..	..
Phlebitis	1	1	..	1	..	..	..	..	..	..
Pleurisy with effusion	1	..	1	1	..	..	..	..	..	..	..
Polypus—													
Aural	1	..	1	1	..	..	..	..	..	..	..
Nasal	1	5	6	1	4	..	..	..	..	..	1
Rectal	1	..	1	..	..	1	..	..	..	..	..
Uterine	4	4	..	4	..	..	..	..	..	..
Presbyopia	1	1	..	1	..	..	..	..	..	..
Prolapse of rectum	1	1	..	1	..	..	..	..	..	..
" uterus	2	..	8	10	..	9	1	..	..	..	..	..
Prostatic enlargement	3	..	16	..	19	12	..	1	..	4	..	2	..
Pterygium	3	3	..	3	..	..	..	..	..	..
Pyelitis	2	..	2	1	..	..	..	..	..	1	..
Pyonephrosis	1	1	2	1	1	..	..	..	..	..	..
Raynaud's disease	2	1	3	2	1	..	..	..	..	..	..
Retina, detached	1	1	2	..	1	1	..	..	..	..	..
Retinitis	1	1	..	1	..	..	..	..	..	..
" syphilitic	1	1	..	1	..	..	..	..	..	..
Retroflexion of uterus	2	2	..	1	..	..	..	..	..	1
Retroversion of uterus	1	1	..	1	..	..	..	..	..	..
Rhinitis, atrophic	2	..	2	2	..	..	..	..	..	..	..
" hypertrophic	2	2	..	2	..	..	..	..	..	..
Rodent ulcer	9	1	10	6	..	2	1	1	..	..	..
Rupture of spleen	1	..	1	..	..	..	1	..	..	..	..
Salpingitis	22	22	..	21	..	..	..	..	..	1
Sarcoma—													
Breast	1	1	..	1	..	..	..	..	..	..
Femur	1	..	1	..	1	..	..	..	..	..	..
Kidney	1	1	..	1	..	..	..	..	..	..
Knee	1	1	..	1	..	..	..	..	..	..
Leg	1	..	1	..	..	..	..	..	..	..	..
Maxilla, inferior	1	1	2	1	1	..	..	..	..	..	..
Neck	1	..	1	1	..	..	..	..	..	..	..
Ovary	1	1	..	..	..	..	1	..	..	..
Thigh	2	1	3	2	1	..	..	..	..	..	..
Scar, painful	2	1	3	2	1	..	..	..	..	..	..
Sciatica	1	1	..	..	..	..	..	..	..	1
Septicæmia	1	2	3	..	..	..	..	2	..	..	..
Sinus	1	1	8	..	10	9	1	..	..	..	..	..	..
Sprain—													
Ankle	9	1	10	9	1	..	..	..	..	..	..
Knee	1	1	2	1	1	..	..	..	..	..	..
Shoulder	2	..	2	..	..	..	..	..	..	..	..
Wrist	2	..	2	..	..	..	..	..	..	..	..
Spur, septum nasi	2	1	3	2	1	..	..	..	..	..	..
Stomatitis	1	1	..	..	..	..	..	..	..	..
Strabismus	1	2	3	1	1	1	..	..	..	..	..
icture—													
Laryngeal	1	1	..	..	1	..	..	..	..	..
Urethral	5	13	..	..	23	19	..	1	..	2	..	1	..
Style in lachrymal duct	1	..	1	1	..	..	..	..	..	..	..
Supernumerary pollex	1	..	1	1	..	..	..	..	..	..	..
Symblepharon	1	..	1	1	..	..	..	..	..	..	..
Synovitis—													
Ankle	1	..	1	1	..	..	..	..	..	..	..
Knee	1	13	..	14	13	..	..	..	..	..	..	1	..
Shoulder	1	..	1	1	..	..	..	..	..	..	..
Syphilis	16	13	29	15	11	1	..	..	..	1	1
Talipes—													
Equino-varus	2	..	2	2	..	..	..	..	..	..	..
Valgus	4	1	5	3	1	1	..	..	..	..	..
Testis, imperfect descent	1	..	1	1	..	..	..	..	..	..	..
Tetanus	1	..	1	1	..	..	..	..	..	..	..
Tonsillitis	7	4	11	7	4	..	..	..	..	..	..

REPORT OF THE SURGICAL REGISTRAR—Continued.

DISEASE	In Hospital Oct. 1, 1905		Admitt'd		Total	Cured or relieved		Not bene- fited		Died		In Hospital Oct. 1, 1906	
	Males	Females	Males	Females		Males	Females	Males	Females	Males	Females	Males	Females
Trachoma .....	..	..	8	2	10	8	2	..	..	..	..	..	..
Tuberculous—													
Bladder .....	..	..	7	..	7	4	..	2	..	..	..	1	..
Elbow	1	..	..	..	1	1	..	..	..	..	..	..	..
Hip	2	..	9	1	12	5	1	1	..	..	..	5	..
Kidney .....	..	..	3	3	6	1	2	2	..	..	..	..	1
Knee	2	1	5	2	10	7	3	..	..	..	..	..	..
Larynx .....	..	1	..	1	1	1	..	..	..	..	..	..	..
Meningitis .....	..	..	1	1	1	..	..	..	..	1	..	..	..
Peritonitis .....	..	1	1	5	7	1	4	..	..	1	..	1	..
Spine .....	..	..	1	..	1	..	..	..	..	..	..	1	..
Tarsus	1	2	1	1	4	3	..	..	..	..	..	..	1
Testis .....	..	..	6	..	6	5	..	..	..	..	..	1	..
Uterus .....	..	..	1	1	1	..	..	1	..	..	..	..	..
Tumor—													
Cerebellar .....	..	..	..	1	1	..	..	..	..	1	..	..	..
Cerebral .....	..	..	2	..	2	..	..	1	..	1	..	..	..
Unclassified .....	..	..	5	1	6	5	1	..	..	..	..	..	..
Ulcer—													
Corneal	1	..	8	..	9	8	..	..	..	..	..	1	..
Gastric .....	..	..	..	1	1	..	1	..	..	..	..	..	..
Nasal septum .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Unclassified	3	2	11	10	26	14	12	..	..	..	..	..	..
Varicose	1	..	10	17	28	9	14	..	..	1	..	1	3
Varicocoe	1	..	25	..	26	23	..	..	..	..	..	3	..
Varicose veins	1	..	14	3	18	11	3	2	..	..	..	2	..
Vitreous, degeneration of .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Web fingers .....	..	1	..	1	2	..	2	..	..	..	..	..	..
Wound—													
Arm .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Bullet or gun shot .....	..	..	10	..	10	6	..	1	..	1	..	2	..
Eyelid .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Face	1	..	5	..	6	6	..	..	..	..	..	..	..
Foot .....	..	..	3	..	3	2	..	..	..	..	..	1	..
Hand .....	..	..	3	..	3	3	..	..	..	..	..	..	..
Head	1	..	8	..	9	8	..	..	..	..	..	1	..
Penis .....	..	..	1	..	1	1	..	..	..	..	..	..	..
Thigh .....	..	..	1	..	1	..	..	..	..	..	..	1	..
Throat .....	..	..	4	..	4	4	..	..	..	..	..	..	..
Unclassified .....	..	..	6	..	6	6	..	..	..	..	..	..	..
	95	44	1283	752	2174	1139	676	66	37	73	36	100	47
	139		2035		2174	1815		103		109		147	

Percentage of deaths in all surgical cases (eye and ear included), 5.013.

**Operations in General and Pavilion Theatres, October 1st,
1905, to October 1st, 1906.**

OPERATIONS.	Cured or relieved		Not benefited		Died		In Hospital Oct. 1, 1906		TOTAL	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
Abortion for hyperemesis gravidarum .....	..	1	..	..	..	..	..	..	..	1
Abcess—										
Pelvic .....	..	1	..	..	..	..	1	..	..	2
Perinephritic	3	..	..	..	..	..	..	3	..	..
Psoas	4	..	1	..	..	..	1	..	6	..
Unclassified	11	5	..	..	..	..	2	..	13	5
Adenectomy (lymph)—										
Axillary carcinoma .....	..	..	1	..	..	1	..	2	..	..
Cervical carcinoma .....	..	..	1	..	..	..	..	1	..	..
Cervical tuberculosis	13	13	..	..	..	..	..	13	13	..
Inguinal adenitis	2	..	..	..	..	..	..	2	..	..
Adenoma—Breast .....	..	4	..	..	..	..	..	..	4	..
Adhesions, abdominal .....	..	2	..	..	..	..	..	..	2	..
Amputations—										
Arm	2	..	..	..	..	..	..	2	..	..
Breast, carcinoma .....	..	19	..	..	..	..	2	..	21	..
Finger, for angio-sarcoma .....	..	1	..	..	..	..	..	1	..	..
Fingers	4	4	..	..	..	..	..	4	4	..
Foot	1	..	..	..	..	..	..	1	..	..
Hand	2	..	..	..	..	..	2	..	2	..
Hip .....	..	2	..	..	1	..	..	1	..	2
Interscapulo-thoracic .....	..	..	1	..	..	..	..	1	..	..
Leg	9	..	..	..	2	1	..	11	1	..
Penis	1	..	..	..	..	..	..	1	..	..
Thigh	2	..	..	..	..	..	..	2	..	..
Toes	1	1	..	..	..	..	..	1	1	..
Aneurysm .....	..	..	1	..	..	..	..	1	..	..
Appendicitis	126	78	..	1	6	2	12	8	144	89
Arthrectomy—Knee	1	..	..	..	..	..	..	1	..	..
Arthrotomy	6	..	1	..	..	..	..	7	..	..
Brisement forcé	5	5	..	..	..	..	..	5	5	..
Bursa, popliteal	1	..	..	..	..	..	..	1	..	..
Cesarean section .....	..	1	..	..	..	..	..	..	1	..
Carbuncle	1	..	..	..	..	..	..	1	..	..
Caruncle, urethral .....	..	1	..	..	..	..	..	..	1	..
Cauterizing—										
Cervix uteri .....	..	2	..	..	..	..	..	..	2	..
Tonsil .....	..	1	..	..	..	..	..	..	1	..
Cholecystectomy .....	..	..	..	1	..	..	..	1	..	..
Cholecystotomy	3	9	1	..	1	2	..	6	10	..
Circumcision	3	..	..	..	..	..	..	3	..	..
Cleft palate	5	1	1	..	..	..	..	6	1	..
Colostomy .....	..	2	1	..	1	2	..	5	4	..
Contracture, finger .....	..	1	..	..	..	..	..	..	1	..
Curettement of sinus	7	1	1	1	..	..	..	8	2	..
Curettement of uterus .....	..	18	..	..	..	..	..	..	18	..
Cyst—										
Dentigerous .....	..	..	..	..	..	1	..	1	..	..
Hepatic	1	..	..	..	..	..	..	1	..	..
Mammary .....	..	4	..	..	..	..	..	..	4	..
Ovarian .....	..	21	..	..	2	..	1	..	24	..
Sublingual	1	..	..	..	..	..	..	1	..	..
Tibial .....	..	1	..	..	..	..	..	..	1	..
Cystoscopic examination .....	..	..	5	3	..	..	..	5	3	..
Cystotomy—										
Perineal	1	..	..	..	..	..	..	..	1	..
Suprapubic	8	1	..	..	..	2	..	10	..	..
Deflected septum nasi	5	1	..	1	..	..	..	5	2	..
Dermoid—										
Cervical	1	..	..	..	..	..	..	1	..	..
Ovarian .....	..	1	..	..	..	..	..	..	1	..
Dilatation—Cervix uteri .....	..	2	..	..	..	..	..	..	2	..

OPERATIONS IN GENERAL AND PAVILION THEATRES—Continued.

OPERATIONS.	Cured or relieved		Not benefited		Died		In Hospital Oct. 1, 1906		Total	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
Dislocation—										
Elbow.....	1	..	..	..	..	..	..	..	1	..
Hip.....	..	1	..	..	..	..	..	..	..	1
Shoulder.....	..	7	..	..	..	..	..	..	..	7
Ectopic gestation.....	..	..	..	..	..	..	..	..	..	..
Ectropion.....	..	2	..	..	..	..	..	..	..	2
Empyema—										
Antrum.....	1	2	..	..	..	..	..	..	1	2
Frontal sinus.....	1	..	..	..	..	..	..	..	1	..
Pleural.....	2	15	1	1	1	..	1	..	6	3
Entero-enterostomy.....	1	..	..	..	1	..	..	..	3	..
Enucleation of eye.....	1	..	..	..	..	..	..	..	1	..
Epithelioma—										
Face.....	1	..	..	..	..	..	..	..	1	..
Lip.....	4	..	..	..	..	..	1	..	5	..
Neck.....	1	..	..	..	..	..	..	..	1	..
Excision—										
Coccyx.....	..	1	..	..	..	..	..	..	..	1
Elbow, tuberculous.....	1	..	..	..	..	..	..	..	1	..
Jaw, carcinoma.....	..	3	..	..	..	..	..	..	..	3
Knee, tuberculous.....	3	..	..	..	..	..	..	..	3	..
Meckel's ganglion.....	1	..	..	..	..	..	..	..	1	..
Radius, head of.....	..	1	..	..	..	..	..	..	..	1
Rectum, carcinoma.....	..	2	..	..	..	..	..	..	..	2
Fissure, anal.....	1	2	..	..	..	..	..	..	1	2
Fistula—										
Biliary.....	..	1	..	..	..	..	..	..	..	1
Fecal.....	..	1	..	..	..	..	..	..	..	1
In ano.....	11	2	1	..	..	..	..	..	12	2
Perineal.....	1	..	..	..	..	..	..	..	1	..
Foreign body in face.....	1	..	..	..	..	..	..	..	1	..
Fracture—										
Clavicle.....	1	..	..	..	..	..	..	..	1	..
Fibula.....	2	1	..	..	..	..	..	..	2	1
Humerus.....	3	..	..	..	..	..	..	..	3	..
Patella.....	5	..	..	..	..	..	..	..	5	..
Radius.....	2	..	..	..	..	..	..	..	2	..
Tarsus.....	..	1	..	..	..	..	..	..	..	1
Tibia.....	5	..	1	..	..	..	..	..	6	..
Ulna.....	1	..	..	..	..	..	..	..	1	..
Gastro-enterostomy.....	..	1	..	..	3	..	..	..	3	1
Gastrostomy.....	1	..	..	..	1	..	..	..	2	..
Hæmorrhoids.....	14	6	..	..	..	..	..	..	14	6
Hallux valgus.....	2	..	..	..	..	..	..	..	2	..
Harelip.....	1	..	..	..	..	..	..	..	1	..
Hernia—										
Femoral.....	5	9	..	..	..	..	..	..	5	9
Inguinal.....	44	10	..	..	..	6	1	50	11	..
Inguinal, strangulated.....	..	..	..	..	1	..	1	..	2	..
Umbilical.....	..	1	..	..	..	..	..	..	..	1
Ventral.....	4	7	..	..	1	..	1	..	6	7
Hydrocele.....	8	..	..	..	..	..	..	..	8	..
Hymen—Imperforate.....	..	1	..	..	..	..	..	..	..	1
Hypospadias.....	1	..	..	..	..	..	..	..	1	..
Hysterectomy—										
Abdominal.....	..	15	..	..	..	2	..	3	..	20
Vaginal.....	..	1	..	..	..	..	..	..	..	1
Ingrowing toe nail.....	2	..	..	..	..	..	..	..	2	..
Intravenous saline.....	..	..	..	..	1	..	..	..	..	1
Intussusception.....	1	..	..	..	1	..	..	..	2	..
Laminectomy.....	3	..	..	..	..	..	..	..	3	..
Laparotomy—										
Carcinoma, colon.....	..	..	1	1	..	..	..	..	1	1
Carcinoma, gall bladder.....	..	..	..	1	..	..	..	..	..	1
Carcinoma, liver.....	..	..	..	..	1	2	..	..	1	2
Carcinoma, stomach.....	..	..	..	..	..	1	..	..	..	1
Peritonitis, diffuse septic.....	2	15	..	..	1	..	..	..	3	2
Peritonitis, tuberculous.....	..	2	..	..	..	1	..	..	..	5
Unclassified.....	7	6	2	5	2	2	..	11	3	3

OPERATIONS IN GENERAL AND PAVILION THEATRES—Continued.

OPERATIONS.	Cured or relieved		Not benefited		Died		In Hospital Oct. 1, 1906		Total	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
Lipoma—										
Arm .....	..	2	..	..	..	..	..	..	..	2
Back .....	..	1	..	..	..	..	..	..	..	1
Lithotomy—										
Perineal .....	..	..	..	..	1	..	..	..	1	..
Suprapubic	2	..	..	..	2	..	1	..	5	..
Mastoiditis	4	..	..	..	..	..	..	..	4	..
Metatarsectomy .....	..	1	..	..	..	..	..	..	..	1
Myomectomy, uterine .....	..	3	..	..	..	..	..	..	..	3
Nævus	1	..	..	..	..	..	..	..	1	..
ævo-lipoma	1	1	..	..	..	..	..	..	1	1
Necrosis—										
Humerus	1	..	..	..	..	..	..	..	1	..
Jaw	2	1	..	..	..	..	..	..	2	1
Tibia	3	1	..	1	..	..	..	..	3	2
Unclassified	2	2	..	..	..	..	..	..	2	2
Needle in foot	1	..	..	..	..	..	..	..	1	..
Needle in hand .....	..	4	..	..	..	..	..	..	..	4
Nephrectomy	3	1	..	..	..	..	..	..	3	1
Nephrolithotomy	3	1	..	..	..	..	..	..	3	1
Nephrorrhaphy .....	..	1	..	..	..	..	..	..	..	1
Nephrotomy	4	2	..	..	..	..	2	..	6	2
Neurectomy—										
Infraorbital .....	..	2	..	..	..	..	..	..	..	2
Supraorbital	1	1	..	..	..	..	..	..	1	1
Obstruction, intestinal .....	..	2	..	..	6	1	..	1	6	4
Oophorectomy .....	..	25	..	..	..	4	..	..	..	29
Orchidectomy	5	..	..	..	..	..	1	..	6	..
Osteotomy	1	1	..	..	..	..	..	..	1	1
Papilloma—										
Anus .....	..	1	..	..	..	..	..	..	..	1
Face	1	..	..	..	..	..	..	..	1	..
Tongue	2	..	..	..	..	..	..	..	2	..
Vagina .....	..	1	..	..	..	..	..	..	..	1
Paracentesis—Knee	1	..	..	..	..	..	..	..	1	..
Perineorrhaphy for laceration alone or with prolapsus uteri .....	..	4	..	..	..	..	1	..	..	5
Placenta, retained .....	..	2	..	..	..	..	..	..	..	2
Plastic—										
Arm	4	..	..	..	..	..	..	..	4	..
Face	3	1	..	..	..	..	..	..	3	1
Nose .....	..	1	..	..	..	..	..	..	..	1
Urethra .....	..	1	..	..	..	..	..	..	..	1
Pollex, supernumerary	1	..	..	..	..	..	..	..	1	..
Polypus, uterine fibroid .....	..	2	..	..	..	..	..	..	..	2
Proctoscopy .....	..	..	4	..	..	..	..	..	..	4
Prostatectomy	8	..	..	..	4	..	..	..	12	..
Prostatotomy, intravesical	1	..	..	..	..	..	..	..	1	..
Pylorotomy .....	..	..	..	..	1	..	..	..	..	..
Removal of wire suture	1	..	..	..	..	..	..	..	1	..
Resection of intestine	3	2	..	..	..	1	..	..	3	3
Resection of rib or ribs .....	..	..	..	..	..	..	..	..	..	..
Rodent ulcer of face	4	..	..	..	..	..	..	..	4	..
Rodent ulcer of scalp .....	..	1	..	..	..	..	..	..	..	1
Salpingectomy .....	..	6	..	..	..	..	..	..	..	6
Salpingo-oophorectomy .....	..	8	..	..	..	..	..	..	..	8
Sequestrotomy	6	..	..	..	..	..	..	..	6	..
Skin grafting	8	3	..	1	..	..	..	..	8	4
Stitching tendon	2	..	..	..	..	..	..	..	2	..
Stricture, urethral—										
Dilatation	5	..	..	..	..	..	..	..	5	..
Urethrotomy	1	1	1	..	1	..	..	..	3	1
Talipes, valgus	1	..	..	..	..	..	..	..	1	..
Tenotomy	3	1	..	1	..	..	..	..	3	2
Testis, imperfect descent	1	..	..	..	..	..	..	..	1	..
Thyroidectomy	1	16	..	..	1	..	1	..	1	18
Thyrotomy .....	..	1	..	..	..	..	..	..	..	1
Trachelorrhaphy .....	..	8	..	..	..	..	..	..	..	8

OPERATIONS IN GENERAL AND PAVILION THEATRES—Continued.

OPERATIONS,	Cured or relieved		Not benefited		Died		In Hospital Oct. 1, 1906		Total	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
Trachelorrhaphy and Perineorrhaphy.....	..	10	..	..	..	1	..	..	..	11
Tracheotomy.....	1	..	..	..	1	..	..	..	2	..
Trephining.....	3	4	..	..	..	..	..	..	3	4
Tuberculous abscess.....	3	2	..	..	..	..	..	..	3	2
Tuberculous hip.....	..	..	1	..	..	..	..	..	1	..
Tumor—										
Cerebellar.....	..	..	..	..	..	1	..	..	..	1
Cerebral.....	..	..	..	..	2	..	..	..	2	..
Unclassified.....	5	1	..	..	..	..	..	..	5	1
Ulcer, excision of.....	1	1	..	..	..	..	..	..	1	1
Varicocele.....	23	..	..	..	..	..	3	..	26	..
Varicose veins.....	11	2	..	..	..	..	..	..	11	2
Ventral fixation of uterus.....	..	1	..	..	..	..	..	..	..	1
Ventral suspension of uterus.....	..	3	..	..	..	..	1	..	..	4
Wound—										
Elbow.....	1	..	..	..	..	..	..	..	1	..
Gun-shot.....	5	..	..	..	..	..	..	..	5	..
Thigh.....	1	..	..	..	..	..	..	..	1	..
	530	433	27	17	45	25	38	21	640	496
	963		44		70		59		1136	

Percentage of deaths in all operated general cases, 6.161.

Percentage of deaths in all operated cases (eye and ear included), 5.447.

**Operations in Eye and Ear Department, October 1st,
1905, to October 1st, 1906.**

OPERATIONS.	Males.	Females.	TOTAL.
Abscess—			
Corneal	1	..	1
Lachrymal.....	2	..	2
Cataract—			
Extraction.....	22	24	46
Needling.....	2	14	16
Curetting frontal sinus	1	1	2
Cyst Meibomian .....	..	1	1
Darrier's operation for Trachoma	3	..	3
De Wecker's scissors operation	1	..	1
Entropion	1	..	1
Enucleation	19	2	21
Evisceration	1	..	1
Exploration, external auditory meatus	1	..	1
Foreign body in eye	2	..	2
Foreign body in lachrymal sac	2	..	2
Grattage, lid.	2	..	2
Hæmatoma orbit.....	1	..	1
Iridectomy	16	6	22
Irrigating anterior chamber	2	..	2
Mastoiditis.....	..	1	1
Paracentesis tympani.....	1	1	2
Plastic on conjunctiva	1	..	1
Pterygium	3	..	3
Sclerotomy .....	..	1	1
Symblepharon .....	..	1	1
Tenotomy	2	4	6
Trichiasis .....	..	1	1
Tumor—			
Lid.....	1	..	1
Orbit.....	1	..	1
Wound of lid.....	4	..	4
	92	57	149

An Act Respecting the Toronto General Hospital.

Assented to 14th May, 1906.

His Majesty, by and with the advice and consent of the Legislative Assembly of the Province of Ontario, enacts as follows;—

1. This Act may be cited as *The Toronto General Hospital Act 1906*.

INTERPRETATION.

2. Where the words following occur in this Act they shall be construed in the manner hereinafter mentioned unless a contrary intention appears.

- (a) "The Hospital" shall mean the Toronto General Hospital.
- (b) "The Trustees" shall mean the Trustees of the Toronto General Hospital.
- (c) "Subscribers" shall mean Benefactors and Annual Subscribers as defined by this Act.
- (d) "The Corporation" shall mean the Corporation of the Trustees of the Toronto General Hospital.
- (e) "The Board" shall mean the Board of Trustees of the Toronto General Hospital.

REPEAL OF PRESENT ACTS.

3. Any provisions contained in any former Act relating to the Toronto General Hospital which are inconsistent with this Act are repealed.

INCORPORATION AND ELECTION OF TRUSTEES.

4. Until the appointment and election of the Trustees under the provisions of this Act shall have been made and held, the Corporation shall continue as at present constituted, and thereafter twenty-five Trustees, eight of whom shall be appointed by the Lieutenant-Governor-in-Council, five by the Trustees of the University of Toronto, five by the municipal council of the Corporation of the City of Toronto, and of whom seven shall be elected by the subscribers (as hereinafter provided) shall together be a

body corporate by the name of "The Trustees of the Toronto General Hospital."

5. Within six months after the passing of this Act the said municipal council of the Corporation of the City of Toronto shall appoint five Trustees who shall hold office until the expiration of the year in which they are appointed and until others shall have been appointed in their places; and five shall be appointed annually thereafter in the month of January by the said municipal council and shall hold office during the remainder of the year in which they are appointed and until others shall have been appointed in their places.

Within the time aforesaid the Trustees of the University of Toronto shall appoint two Trustees to hold office from the date of their appointment until the 31st of January, A.D. 1908, two to hold office from the date of their appointment until the 31st of January, A.D. 1909, and one to hold office from the date of his appointment until the 31st of January, A.D. 1910, and shall in the month of January, A.D. 1908, and in the month of January in each year thereafter appoint Trustees in the place of those whose terms of office shall have expired to hold office for three years from the date of such expiration.

The Lieutenant-Governor-in-Council may within the said time appoint two Trustees to hold office from the date of their appointment until the 31st of January, A.D. 1908, three to hold office from the date of their appointment until the 31st of January, A.D. 1909 and three to hold office from the date of their appointment until the 31st of January, A.D. 1910, and may in the month of January, A.D. 1908 and in the month of January in each year thereafter appoint Trustees in the place of those whose terms of office shall expire in that month to hold office for three years from the date of such expiration.

And the subscribers shall within the said time, in the manner hereinafter provided elect two Trustees to hold office from the date of their election until the 31st of January, A.D. 1908, two to hold office from the date of their election until the 31st of January, A.D. 1909, and three to hold office from the date of their election until the 31st of January, A.D. 1910, and shall in the month of January, A.D. 1908, and in the month of January in each year thereafter elect Trustees in the place of those whose terms of office shall expire in that month to hold office for three years from the date of such expiration.

All Trustees whose terms of office shall have expired shall in all cases be eligible for reappointment or re-election as the case may be.

No one at the time being a member of the Hospital Staff shall

be eligible for the position of Trustee and if a member of the Board after his appointment or election accepts or occupies a position on the Hospital Staff, or goes to reside out of the Province, or becomes insane or otherwise incapable of acting as a member of the Board, he shall *ipso facto* vacate his office as a member of the Board, and a declaration of the existence of such vacancy entered upon the minutes of the Board shall be conclusive evidence thereof.

Should a vacancy arise from any cause in the Board of Trustees, such vacancy shall be filled by the body possessing power to appoint or elect under the provisions of this Act, and the person appointed or elected to fill such vacancy shall hold office for the remainder of the term of the Trustee whose place he fills.

At all meetings of the Board nine shall form a quorum.

ELECTION OF TRUSTEES BY SUBSCRIBERS.

6. A meeting of the subscribers shall be held within six months after the passing of this Act for the purpose of electing the Trustees to be elected by them under the provisions of this Act and thereafter on the second Tuesday of the month of January, in each and every year in which Trustees are to be elected by the subscribers; and in cases of elections to fill vacancies, at such time as the Trustees may by by-law or resolution appoint.

7. The said meetings shall be held at the Hospital at such hour as the Trustees shall by resolution appoint and the Secretary of the Trustees shall for 10 days at least prior to the holding of any such meeting give public notice thereof in two newspapers published daily in Toronto.

8. The Solicitor of the Trustees or in his absence a person elected by the meeting shall preside at such meeting as chairman, and shall call the meeting to order at the hour named in the notice and the Secretary of the Trustees shall act as the secretary of the said meeting and shall produce and lay upon the table for public inspection a certified list of the subscribers with the amount of each individual subscription.

9.—(1) Such election shall be by ballot taken by two or more scrutineers to be appointed by the chairman of the meeting and each subscriber shall at such election be entitled to vote for Trustees, who must be residents of the Province of Ontario. Such vote may be given in person or by proxy under a power of attorney duly executed under the hand of the subscriber, provided that the said power shall be held by a subscriber entitled to vote at such election and shall be valid only for one year, and the persons

for whom the largest number of votes shall then be given shall be the trustees elected.

(2) In case of an equality of votes between two or more persons which leaves the election of one or more Trustees undecided then the scrutineers shall forthwith put into a ballot box a number of papers with the names of the candidates respectively having such equality of votes, written thereon, one for each candidate, and the chairman shall draw from the ballot box in the presence of the scrutineers one or more of the papers sufficient to make up the required number of Trustees, and the persons whose names are upon the papers so drawn shall be the Trustees elected.

POWERS OF TRUSTEES.

10. The Trustees shall have, hold, possess and enjoy all the rights, powers and privileges which they now have, hold, possess or enjoy and shall have the usual powers and rights of bodies corporate and shall have and hold every such parcel of land and premises as may have been heretofore granted by Letters Patent, or assigned or conveyed to, or vested in any former Trustees of the Hospital by any Act of the Legislature of the Provinces of Canada, Upper Canada or Ontario, or by any person or persons whomsoever and every such parcel of land and premises as may have been devised to any former Trustees of the Hospital by any person or persons whomsoever or has become vested in any former Trustees of the Hospital in what manner soever; and shall and may be capable of receiving and taking from any person or persons or any body corporate or politic by grant, gift, devise or otherwise any lands or interest in lands or any goods, chattels or effects, which any such person or persons or body corporate or politic may be desirous of giving, devising, granting or conveying to them for the use, support or purposes of the hospital; and the Trustees shall have power to hold and take all lands subject to this Act for the purposes of the hospital without license of Mortmain; and all persons shall have full and unrestricted right and power to give, grant, devise and bequeath to the Hospital any lands and interest in lands or any goods, chattels or effects, any Act or law to the contrary notwithstanding, and no real estate or interest therein vested in the Trustees and used for hospital purposes shall be liable to be expropriated by any municipality, corporation or person for any purpose whatsoever without the consent of the Trustees.

The buildings and grounds of and attached to or otherwise *bona fide* used in connection with and for the purposes of the Hospital, so long as such buildings and grounds are actually used and occupied by the Hospital and the personal property belonging to the Hospital, shall be exempt from all taxation.

All the rights and privileges belonging to and enjoyed by crown lands under any statute limiting the time for bringing actions either by the Crown or against the Crown shall be deemed to belong to and be enjoyed by the lands vested in the Trustees from the time they were so vested.

11. The Trustees shall have power to sell, dispose of or mortgage any lot or parcel of land and premises vested in them (including the block of land at present occupied by the hospital, and being that block bounded by Gerrard, Sumach, Spruce and Sackville street), upon such terms as to payment of purchase money as to them shall seem best; or to lease the same for any period of time not exceeding twenty-one years with right of further renewals forever, and subject to such covenants, conditions, agreements, stipulations and provisos as to them shall seem best. Provided, however, that those lands vested in the Trustees which are charged with certain debentures at present outstanding shall remain subject to such charge until the same are paid, but should the Trustees require the proceeds of any sales for current expenses such lands may, subject to the consent of the holders of the said debentures, be sold freed from the said debentures.

12.—(1) The Trustees shall have the right and they are hereby empowered to acquire, enter upon, take and use all necessary and convenient lands and buildings for the purposes of the Trustees, making compensation therefor to the owners, occupiers and other persons having an interest in the said lands and buildings and may pass by-laws for the said purpose.

(2) For the purposes of the preceding sub-section the Trustees shall have all the powers conferred upon municipal corporations by *The Consolidated Municipal Act, 1903*, as to acquiring, entering upon taking and using lands required for the use of such corporations, and, save as hereinafter provided, sections 437 to 467, both inclusive, shall *mutatis mutandis* apply to the Trustees and to the exercise by them of the powers hereby conferred, as if the Trustees had been named therein instead of any municipal corporation, and as if the Secretary of the Hospital had been named therein instead of the clerk of municipality.

(3) Should the Trustees under the powers by this Act conferred expropriate the block of land lying south of the southerly limit of College Street as originally laid out west of the westerly limit of Elizabeth Street north of the northerly limits of Hayter and Christopher Streets and east of the easterly limits of University Avenue (formerly University Street) or any portion thereof, then that portion of College Street which was formerly Avenue Street and those portions of Chestnut Place formerly Avenue Lane,

Chestnut and Centre Streets and of all public lanes lying within the said limits or within the limits of such portion as may be expropriated shall be closed and the fee therein shall be vested in the Trustees.

(4) Instead of the arbitrators appointed by or for the respective parties or the Court naming the third arbitrator, Frederick Montye Morson, of the City of Toronto, Esquire, shall be the third arbitrator in all arbitrations held under this Act in respect of any of the above lands, and in case of his being unable to act owing to death, illness or other disability or in case of his resignation then such third arbitrator shall, if the parties cannot agree, be named by the Lieutenant-Governor in Council.

(5) The Trustees may register any by-law passed for the purposes of sub-section 1 of this section by depositing in the proper registry office, a copy of such by-law certified under the hands of the chairman and the secretary of the Trustees and authenticated by the seal of the corporation and the registration by them of such by-law shall vest the lands therein described in the Trustees; for such registration the registrar shall be entitled to fees upon the scale provided in paragraph 1 of section 118 of *The Registry Act*.

13.—(1) It shall be lawful for the Trustees and they are hereby authorized from time to time to borrow for the purposes of the Hospital such sum and sums of money as they may lawfully require for the purposes of the Hospital and to issue a debenture or debentures for the raising of such loan in such sum or sums at such rate of interest and for such period or periods as the Trustees may find expedient; provided always that no such debenture or debentures shall be issued for a longer period than forty years and that the interest thereon shall be payable yearly, half-yearly or quarterly, and provided further that the by-law authorizing the issue of such debenture or debentures shall first be laid before and approved by the Lieutenant-Governor in Council.

(2) Such debenture or debentures when so issued with the approval of the Lieutenant-Governor in Council may be secured by a mortgage to Trustees for the Debenture holders upon such of the real estate then held by the Trustees as may be then designated.

14. The Trustees by the name aforesaid shall have power to sue in any of the courts of this Province having competent jurisdiction for any cause of action touching the property and rights of the Trustees and for any moneys due or payable to them or their predecessors for the purchase money or rents of any lands or buildings or on any account whatever and to distrain for such rents when the same are in arrear and unpaid and to distrain for interest due upon any mortgage which may be held by the trustees and

to act in all matters touching the collection and control of the funds of the Trustees and the management and disposition of any property and lands belonging to the Trustees.

And the Trustees shall have power to invest in such securities as they may deem advisable, all moneys which may at any time come into their hands for the use and support of the Hospital which may not be required for the immediate expenditure of the Hospital, or may deposit the same in any chartered bank or financial institution of good standing, and generally and subject to the provisions of this Act the government, conduct, management and control of the hospital and the property, revenues, business and affairs thereof shall be vested in the Trustees.

NEW HOSPITAL BUILDINGS.

15. Without thereby limiting the general powers hereinbefore conferred it is declared that the Trustees shall have power to erect, equip and maintain all buildings that may be required for the purposes of the Hospital upon such site or sites as to them or a majority of them shall appear best; and in the event of the Trustees abandoning the present hospital site and building a new Hospital it shall be the duty of the Trustees in erecting new hospital buildings upon another site to erect upon a portion of such site a building suitable in every respect for the purposes of a lying-in hospital and to establish, maintain and support the same in connection with the hospital as part and parcel thereof upon the terms and conditions set forth in the resolutions of the Burnside Lying-in Hospital and the Hospital, authorizing the merger of the Burnside Lying-in Hospital in the Hospital and such building shall be called and known by the name and designation of the "Burnside Lying-in Hospital"; provided that a section or wing of the hospital building shall be deemed to be a building within the terms of this section.

And a portion of the said new Hospital shall be set aside and shall be designated and known as "The Andrew Mercer Eye and Ear Infirmary."

EXECUTION OF DOCUMENTS.

16. All grants, conveyances, assignments, mortgages, statutory and other discharges of mortgage, leases, contracts, distress warrants and other documents requiring to be executed under seal, shall be sealed with the corporate seal of the Trustees and shall be signed by the Chairman or some person thereto authorized by resolution of the Trustees, and countersigned by the Secretary, or some person thereto authorized by resolution of the Trustees, and all cheques, promissory notes and drafts shall be signed by the Chairman or

some person thereto authorized by the Trustees and countersigned by the Secretary, or some person thereto authorized by resolution of the Trustees.

BY-LAWS.

17. The Trustees shall have the power of appointment and removal of the Secretary and the Treasurer, the Medical and other Superintendents and their assistants and clerks and of all other officers and servants of the hospital employed in or about any of its premises and may from time to time enact such by-laws and regulations for the general management of the Hospital and the Trust and for fixing all salaries and wages, and for regulating the composition of the hospital staffs, their numbers, terms of office, privileges and duties; provided, always that such by-laws or regulations shall be laid before the Lieutenant-Governor in Council within 30 days after the same shall have been so enacted as aforesaid, and shall come into force at the expiration of one month thereafter unless they shall have been disallowed by Order in Council within that time.

BENEFACTORS AND ANNUAL SUBSCRIBERS.

18. Every individual who shall up to the time of the passing of this Act have subscribed \$500 and upwards to the fund of the hospital and every individual who shall after the passing of this Act subscribe \$1,000 and upwards shall be called a "Benefactor" of the hospital and it shall be the duty of the Trustees to erect a tablet in the principal entrance hall of the Hospital upon which shall be inscribed from time to time the names of the said Benefactors and the amounts severally subscribed by them, and such Benefactors shall also be Visitors of the Hospital.

19. Every individual who shall have subscribed \$100 or more to the fund of the Hospital in the year immediately preceding an election of subscribers' trustees at which he desires to vote shall be an "Annual Subscriber."

MEDICAL STUDENTS.

20. The trustees shall allow any medical student of the University of Toronto to visit the wards of the hospital and attend them for the purpose of receiving instruction from the members of the Faculty of Medicine of the University of Toronto, upon the payment of such fees and under such regulations and restrictions as the trustees shall by any by-law or resolution from time to time appoint. Provided, also, that the Lieutenant-Governor in Council may from time to time frame regulations and conditions under

which the trustees shall admit other students in medicine, including post-graduate students, to receive medical instruction from the said Faculty as hereinbefore provided.

PAY PATIENTS.

21.—(1) The Trustees shall allow or permit all patients paying sufficient to cover all the cost to the Trustees of their maintenance and support while in the Hospital the right of employing their own surgeon or physician, subject to the regulations of the Trustees.

(2) The words “paying their way” where they occur in the 7th section of By-law No. 4579 of the City of Toronto shall mean “paying sufficient to cover all the costs to the Trustees of their maintenance and support while in the Hospital, and the Hospital shall be the Hospital to which the grant is authorized to be made by the said by-law.

CITY PATIENTS.

22. The Trustees shall afford accommodation as far as possible to patients sent into the hospital on the order of the Corporation of the City of Toronto upon the payment to the Trustees of such rates as may from time to time be agreed upon, and subject to such regulations and restrictions as the Trustees may by by-law or resolution from time to time appoint.

THE HOSPITAL STAFF.

23. The composition and number of the Hospital Staff, the terms of office, the duties and the privileges of the members thereof shall remain as at present until altered by by-law or resolution of the Trustees.

41 VIC., CAP. 71, SECS. 8, 9, AND 10 REPEALED.

24. Sections 8, 9 and 10, of an Act passed in the 41st year of the reign of Her late Majesty Queen Victoria, chaptered 71, are repealed.

STATEMENTS TO GOVERNMENT.

25. In addition to the returns required by section 10 of *The Charity Aid Act*, the Trustees from time to time when required so to do by the Lieutenant-Governor-in-Council shall render an account in detail of all moneys received by them as such Trustees specifying the sources from which the same shall have arisen or been received and the manner in which the same shall have been

invested and expended and all such particulars as may be necessary to show the state of the fund and endowment of the hospital.

▲ACT NOT TO CREATE NEW CORPORATION.

26. Nothing in this Act contained shall be construed as creating a new corporation but the corporation constituted by this Act shall be held to be the same with that constituted by the former Acts of the hospital so that all actions or proceedings brought by or against the former Trustees and pending at the time of the passing of this Act shall be continued by and against the Trustees provided for by this Act and all matters and things done by the said former trustees shall be binding upon the Trustees hereby created until further or other provision may be made in respect thereof by the last mentioned trustees in conformity with this Act.

Memorial from the Retiring Board of the Toronto General Hospital to the New Board.

The new Board of the Toronto General Hospital having been formed under the foregoing Ontario statute, the retiring Board felt that it would be advantageous to present to them a resumé of the history of the hospital situation.

On June 9th, 1819, the Crown granted to the Hon. William Dummer Powell, the Hon. James Baby, and the Hon. Dr. John Strachan, in trust, certain lands for hospital and park purposes. Later, that portion of the original grant intended for the support of a hospital was vested in the Hon. Robert Jameson, the Hon. A. McLean, and the Rev. C. J. Grasett, who were known as the Trustees of the Hospital Endowment. They were not incorporated.

In 1847 an Act was passed incorporating the Trustees of the Toronto General Hospital. This Act was modified in 1876, when the Government of Ontario changed the constitution of the Board by appointing three out of five members. The Trust has been administered under this amended Act until the Act passed at the recent session of the Legislature became law and the Board now charged with the duty of administering the affairs of the hospital was constituted.

Shortly after the incorporation of the Trustees the present main building was erected, and the original site of the old hospital on King Street, near John, was leased or rented. Between 1877 and 1899 the several other buildings now occupied by the hospital were erected, the Trustees undertaking to maintain one as the Burnside Lying-in-Hospital, and another as the Andrew Mercer Eye and Ear Infirmary, as a memorial, of funds from the estates of Dr. Burnside and Andrew Mercer employed in the erection of these particular buildings.

The Trust holds real property as per schedule attached. This is the residue of the original hospital grant, together with property since donated by friends of the hospital. The general policy of successive Boards of Trustees for the past twenty-five years has been to hold this real estate. When possible, ground leases have been effected. When this has not been possible, buildings were at times erected on the vacant lots for the purpose of producing revenue. The renewal period of some of the ground leases having fallen in years of depression, and the lessees preferring to abandon their improvements to continuing the payment of ground rent, has resulted in a considerable addition to the improved lands held by the Trust.

The administration of these properties during the twenty-five years has been economical, and their value under successive Boards has steadily increased.

The donations received by the Trust have been unimportant considering the long period of years since its inception. The buildings and equipment have been mostly paid for out of accumulated surpluses. Rigid economy enabled the Treasurer for years to present a statement annually showing a credit balance. These balances (aggregating the sum of \$236,426) appear in the balance sheet as a reserve, and were from time to time expended upon buildings for hospital uses, or improvements upon real property owned by the Trust. The effect of this policy was to provide hospital facilities at a minimum cost, with, perhaps, the result of depriving the community of the education necessary to a proper sense of responsibility for contributions. It certainly led to such restricted expenditure for maintenance and equipment as probably occasioned many of the adverse criticisms passed in recent years upon the administration, the character of the buildings, the quality of the food, and the inadequacy of the equipment, until the improvements of the last year or so were carried out.

Owing to the presence of the students in the wards from the two schools of medicine (Toronto and Trinity) and the keen rivalry existing between them, it was the policy of the Trustees for many years to seek the favor of both schools by dividing the representation upon the Visiting Staff as nearly as possible evenly between them, and not infrequently when a doctor from one school was appointed one from the other was named to even up. Again, the competition between the Toronto General Hospital and some newer Trusts which had been formed led the Superintendent to believe that it was desirable to secure support for the Toronto General, by adding to the staff from time to time doctors who it was thought would support the hospital. The result of this policy was to make the staff one of the largest of any hospital in the world. It will be seen, too, that the selections for the staff were not always made because of superior professional attainments, but often to satisfy some one of the many conflicting interests above indicated.

Two years ago the Board reached a decision that there was urgent need for a change of policy in the whole conception of the institution, including buildings, equipment, maintenance, administration, and the duties and obligations of the Visiting Staff. Conditions had changed, and there was a marked advance in knowledge as to what constituted adequate hospital facilities. The demands of medical science for teaching purposes were not being met by the present establishment, and it was not creditable to the premier city of Ontario to permit the continuance of the poor standard found in the Toronto General. They decided that no further expenditure should be made in patching up the old buildings, except for immediate requirements; that a large plan of re-organization should be considered, providing buildings and equipment suitable for the modern and scientific treatment of the sick

poor, and affording facilities of high excellence for the educational work of the now united schools of medicine in the University of Toronto. They were of the opinion that such educational work was of vital importance not only to the residents of the city, but to every home in the Province served by the graduates in medicine from the University. Their judgment was that such plan should include the reorganization of the Visiting Staff of the hospital, and that support and public favor ought to be earned through excellence of service and efficiency in administration, rather than by the appointment or continuance of a large Visiting Staff.

As a result of the above decision, the first approach was made to a prominent and wealthy young citizen, whose response was of such a generous character that the early consummation of the above plans seemed possible to the Board. Steps were then taken to secure the co-operation of all who were interested in the creation of a new hospital establishment, with the result so well known. Subscriptions aggregating \$1,219,000 have been received. The co-operation between the Government of the Province, the University, the municipality of the City of Toronto and the subscribers is evidenced by the composite character of the new Board; and the plans inaugurated, having as their keynote facilities of the highest possible character for the treatment of the sick, and for the betterment of the educational work in the University, are now to be carried to completion along such lines and in accordance with such methods as the present Board may consider advisable.

At a meeting summoned by the Provincial Secretary at the close of last year, a representative committee was named to act with the Board of Trustees covering any matters requiring immediate attention in connection with the proposed new hospital. They were directed specifically to report to the full committee of gentlemen present upon: a site; a firm of architects who would furnish plans for the new buildings; and to prepare for the consideration of the Government a draft Bill for submission to the Legislature, embodying the conditions under which the proposed new Trust would be administered.

The Committee reported in favor of the purchase for a site the block south of College Street, between University Avenue and Elizabeth Street, running southerly to Christopher and Hayter Streets, with the exception of the Dental College. The sum required for the purchase of this property was estimated to be \$550,000. They presented a draft copy of a Bill, and they recommended as architects Messrs. Rolph and Sproat, with Mr. Curry as consulting architect. Their recommendations for a site and the draft of a Bill were approved, but the question of a firm of architects was referred back for further information, having particular reference as to whether competitive plans should be prepared.

Acting on these instructions the Board employed the National Trust Company to acquire the site above described. Notices of

expropriation have been served upon all the holders, and private negotiations are now being carried on for the acquirement of such properties as can be secured in this way. The Board through correspondence secured considerable information as to what course had been followed by the Trustees of other hospitals as regards competitive plans when new buildings were being constructed. They did not make a report to the large committee, as each week seemed likely to see the Hospital Bill passed and the new Board constituted. The data secured in relation to this matter is available for the new Board when they take up the question of plans, etc., in relation to the buildings to be placed upon the property.

Many of the private subscribers to the Hospital Building Fund have named a period of three to five years for the payment of their subscriptions. On the organization of the new Board the \$200,000 from the city became due. Likewise on the consummation of an agreement between the Trustees of the University and the Trustees of the Hospital the \$250,000 directed by the legislature to be paid by the University became due. Later, the \$50,000 from the University direct will be paid. A complete list of the subscribers and the terms of payment is hereto attached. Particular conditions are attached to some of the subscriptions. The \$100,000 from Mr. Cawthra Mulock is to be used for an out-patient department. The \$100,000 by the Hon. Mr. Cox is to be used in a memorial building to the late Mrs. Cox. The \$100,000 from the Massey estate is to be used for a memorial building to the late Hart A. Massey. The \$50,000 from Mr. Timothy Eaton is to be used for a wing or ward as a memorial to his son, the late E. Y. Eaton.

The Board is deeply grateful for the generous and spontaneous contributions which have up to date come from every quarter, and for the help which the Press has been most kind in giving in opening its columns freely and without limit to matter of every kind in relation to the hospital. It is well to remember, however, that there is still the uncompleted task of raising a sum sufficient to complete the enterprise.

The retiring Board in the past has dealt more with the pressing administrative needs of the hospital and such legislative, financial and other preliminary arrangements as clear the way for carrying out the larger scheme in view by the new Trust. With regard to staff organization, no definite action has been taken beyond certain tentative arrangements to provide for the present necessities of the hospital work. The matter, however, has been the subject of much thought and careful consideration on the part of both the Board and the hospital staff.

Attached are reports containing recommendations to the Board by the members of the medical and surgical staffs. These reports grew out of several conferences between the Board and the Visiting Staff, and represent many months of careful investigation and consideration. It was felt by the Board that they should not take

action on these reports as they came into their hands at a time when they were simply holding their trust pending the creation of the new Board. The matter, however, constitutes an integral part of the reorganization plans of the former Board, and in their judgment is of such importance that they respectfully suggest as early action as may be found possible.

A broad survey of the whole question has impressed the retiring Board with the importance of certain considerations connected therewith which may serve in a general way to guide their successors in dealing with the matter. The material side of the hospital question, the provision of suitable buildings, adequate equipment, and other facilities, must be recognized as only the means placed at the disposal of the staff for carrying into effect the real objects for which the institution is being established. On the proper organization of the services and the selection of an efficient and harmoniously-working staff depend the future welfare of the hospital and the ultimate success of the whole scheme. Organization must therefore be approached from the standpoint of the paramount interests of the hospital and the University with which it is associated. In this connection we would express our appreciation of the spirit which has prompted members of the present staff to waive personal considerations in giving the Board the greatest freedom of action in the difficult task which confronts them. The plans of organization which have been fruitful of good results in other centres should receive careful study and consideration, be improved upon where possible, and adapted to local circumstances. Now and in the future the character of services rendered or work accomplished should be understood to form the only substantial basis for claims to appointment or promotion on the staff. A clear recognition of this principle should have a salutary effect in discouraging a resort to any other influences, and would place the highest premium on professional attainment, competency, energy and faithfulness of service by the assurance of their fullest recognition by the Board. Such a policy would stimulate a generous rivalry in good work, and by placing all upon an equal footing would promote that harmony among the members of the staff which is essential to efficient service.

The number of heads to the different departments, the proper distribution of duties and responsibilities, the limit as to age and tenure of appointment of members of the staff, the provision for regularity and punctuality in attendance, the assurance that a multiplication of other duties will not prevent members of the staff from giving an adequate amount of their time for the discharge of their hospital work, and above all the personal and professional qualifications of the applicants for appointment are matters having an important bearing upon the future success of the institution, and therefore demanding the most careful consideration.

The retiring Board would like to express its views as to what would constitute an ideal hospital for the province, and what has moved it to transfer its trust to an enlarged Board. What it had in view was a hospital perfectly complete, including location, buildings and equipment; the most approved and ideal organization, proper co-ordination of work in all departments and definite fixation of duties and responsibilities on each individual connected with the services; a medical staff with the highest qualifications; a training school for the most efficient teaching of nurses; clinical and pathological laboratories completely equipped for the study of disease, including research work, and all the best facilities for the education of the students of medicine.

[Signed]

J. W. FLAVELLE, *Chairman.*

M. J. HANEY.

P. C. LARKIN.

CAWTHRA MULOCK.

E. COATSWORTH, *Mayor.*

Communication from the full Staff of the Toronto General Hospital concerning Reorganization.

TORONTO, January 31st, 1906.

The Chairman, Board of Trustees, Toronto General Hospital, Toronto.

DEAR SIR,—At a meeting of the active staff of the Toronto General Hospital the following resolutions were unanimously adopted and recommended to be forwarded as suggestions to the Board of Trustees :—

1. It is recommended that members of the Staff of the Toronto General Hospital be not permitted to belong to the active staff of any other General Hospital, it being specially understood that Special Hospitals be not included in this veto. The Staff further suggest that those members of the Toronto General Hospital who are required, by such regulations, to retire from the active staffs of other general hospitals be permitted to accept positions upon the Consulting Staffs of the hospitals from which they retire.

2. The Staff recommend that an age and length of service limit to senior appointments be adopted.

3. It is recommended that the senior physicians and senior surgeons should, on the 1st day of June in each year, relinquish their duties in connection with their attendance upon patients whom they have received in rotation in the public wards, and that in each case the assistant physician or assistant surgeon should come on duty, and that such assistants should receive and take charge of rotation cases until the 1st day of September in each year, or for a longer period if any senior physician or surgeon should so desire. Further, if the senior physician or surgeon is unable to perform his hospital duties during any season of the year, his work, in his absence, will be performed by his assistant.

4. It is recommended that the new Out-Door Department, provided for by the Cawthra Mulock donation, be proceeded with as early as possible. This recommendation is made because it is believed that the department in question might be built and equipped, and in running order long before the new hospital is completed.

5. It is suggested that the attention of the Board of Trustees be called to the urgent need of the strict enforcement of the rules limiting to persons who really deserve charity admission to our public wards. Hitherto certain patients have been admitted to the public wards, have received free treatment at the hands of the Staff and maintenance either wholly or partially provided in the hospital. This is manifestly unjust to the Hospital, the Government, and the Staff.

6. It is recommended that arrangements should be made so that all patients in public wards should be available for clinical purposes.

7. In the event of private or semi-private ward patients being allotted to members of the Staff in rotation, it is suggested that the hospital authorities take some steps to ensure that the members of the Staff in attendance upon such patients should have their interests safeguarded. In certain cases patients have believed that their hospital fees cover the charge for professional attendance, and, if nothing more were done, it would be advantageous if the hospital authorities would inform such patients that they are expected to pay the fees of their medical attendant.

8. It is recommended that as early as possible suitable accommodation be provided for the care and treatment of patients suffering from delirium tremens. At present there is no hospital in the city with suitable wards for such patients, and very often the need for such is very urgent.

9. *Re Medical Board*: It is recommended :—

(1) That there shall be a Medical Board.

(2) That the Medical Board shall be constituted from the hospital Staff; that it shall consist of each senior physician and his assistant physician; each surgeon and his assistant surgeon; the head of each special department and his assistant. The Medical Board shall have power to make rules and regulations respecting all persons, matters and things connected with the medical and nursing department of the hospital, subject to the approval of the Board of Trustees.

(3) That it is desirable that the above recommendations be inserted in the Bill, regarding the new hospital, that is about to be passed before the present session of the Ontario Legislature.

D. MCGILLIVRAY, *Secretary.*

Communication from the Staff of Physicians of the Toronto General Hospital concerning Reorganization.

At a meeting of the staff (physicians) of the Toronto General Hospital, held on the 4th of January, 1906, a committee was appointed for the purpose of procuring information from various sources which would be of service in advising the Board of Trustees as to the proper lines to be followed in the reorganization of the medical staff of the Toronto General Hospital.

With a view to obtaining opinions of those whose experience enables them to advise, not only with authority, but from an outside rather than a local viewpoint, the committee in pursuance of its duty submitted a list of questions to leading authorities in Great Britain, the United States and Canada, hoping that the elimination of local or personal considerations, which might tend to obscure the opinions of those close at hand, would make more possible the formulation of a broad plan for the establishment of a great hospital in a university centre.

Recognizing also the importance of profiting by the experience of institutions that stand in the forefront of medical progress, a list of questions was submitted to leading hospitals in order to ascertain details of their organization.

The answers which have been received from these sources have been tabulated and submitted for your consideration.

At an adjourned meeting held on the 3rd of March, 1906, the committee was further instructed to bring in a report based on the information thus received, and to make recommendations for the consideration of the medical staff in connection with the proposed reorganization of the hospital.

In the organization of a hospital along advanced scientific lines, there are three principal objects which must be kept in view:—

1. The best possible treatment of the patients.
2. The most approved training of medical students.
3. The fullest development, consistent with the primary object, of scientific and clinical research by the members of the staff, as a contribution to the sum total of medical knowledge.

It has been found that these objects are to be obtained only by the most efficient organization, and the recommendations which the committee submit are based upon the rules and methods in vogue in those institutions which occupy foremost positions among the hospitals of the world.

In the opinion of the committee it can be fairly asserted that in the past the first of these objects has been realized in a manner to compare favorably with the results obtained in the best hospitals elsewhere, and that in this regard the Toronto General Hospital has reason to be proud of its record.

While laboring under many disadvantages incident to poor organization, lack of sufficient financial support, deficiency of equipment and proper hospital facilities, it can equally be shown that the training of our medical undergraduates has fitted them to undertake the responsibilities of their profession in hospital, laboratory and private practice, on equal footing with the students of the best institutions in other centres. The positions obtained by many of our graduates in the field of scientific medicine in various parts of the world, in itself, bears testimony to the truth of this statement.

From essential defects in organization, however, owing chiefly to the existence of more than one medical school, and the consequent division of the clinical material of the hospitals among inco-ordinated groups of teachers, ununited by common interests or ideals, the prosecution of systematic scientific work and clinical research has heretofore been impossible in the Toronto General Hospital. The results along these lines have therefore been disappointing and not at all commensurate with the capabilities of the profession of the city, nor with the importance of Toronto as a university centre.

Now that these divisions have disappeared and the units have become merged into one of the largest medical schools in the world, difficulties formerly insurmountable no longer exist, and with the assistance and encouragement of the Hospital Board, and the united interest and support of the Legislative Assembly, the City, the University, the Press, and the general public, the profession look forward with confidence to a brighter era in the progress of scientific medicine in this city and province.

It seems at this time only just and right that we, the Medical Staff of the hospital, should pay our tribute of respect to those whose efforts have contributed to bring about this better order of things and, following the example they have set and sacrificing personal interests, if need be, unite in tendering the fullest assistance and support to the Board in establishing the Toronto General Hospital on the broadest scientific basis.

Effects are not obtained without causes, and only by securing the conditions that have made the prosecution of scientific work successful in other places can correspondingly satisfactory results be hoped for here.

Your committee therefore begs leave respectfully, but in the most emphatic way, to urge that a poor organization will paralyze the efforts of the most efficient staff; and if the objects mentioned are to be realized, the proper conditions must obtain. No amount of individual enthusiasm or effort can compensate for a bad system or secure good results from it.

The committee recommends that in the proposed reorganization of the staff, the Board should consider the matter purely from the viewpoint of the objects of the hospital before mentioned and of

the University, and that the interests of the two institutions should be co-ordinated as far as possible; all other interests being considered as of secondary importance.

We therefore beg leave to submit the following recommendations:

1. That in the administration of the affairs of the hospital every endeavor be made to safeguard and promote the educational interests and clinical facilities of the University Medical Faculty.

2. That the Board consider all positions on the medical staff vacant and proceed to the organization of the various services on as ideal lines as possible, having regard only to the efficiency of the hospital and to the attainment of the objects before mentioned.

3. That the present medical staff, submerging all personal interests, assure the Board of their fullest co-operation and active assistance in establishing the hospital on the most approved scientific basis.

4. That a Medical Board, consisting of the chiefs and assistants of all the departments, be appointed, and that this body be held responsible for the advising of the Board upon all matters relating to appointments, and to the more purely professional matters of the hospital.

5. That vacancies and positions on the staff be thrown open to the whole medical profession and all applications be considered on equal terms.

6. That applicants may submit their credentials to the Board, and that appointments be made purely on a basis of merit and of fitness for the position sought.

7. That in making appointments the Board regard especially the previous training and record of the applicant, his scientific attainments, his teaching capacity and the promise he gives of future work.

8. That each medical service consist of at least 50 patients under the control of a physician-in-chief who shall be directly responsible to the Board.

On the basis of the present number of medical beds, two physicians-in-chief of equal rank should be appointed in charge of the medical service. That each physician-in-chief have attached to his service an assistant physician whose duty it shall be to render such assistance to his superior as is necessary for the proper management and control of the interne service and to take charge of the service in the absence of the physician-in-chief.

9. That in view of the large amount of time which will be required of the assistant physicians, that they be paid an honorarium of at least \$1,000 a year on condition of their devoting a definite time daily to their hospital duties.

10. That the out-patient department be under the general supervision of the physicians-in-chief and the assistant physicians,

the work being under the immediate direction of three out-patient physicians each attending twice weekly.

11. That as many other clinical assistants be attached to the medical services as may be required for the proper performance of the work connected therewith.

12. That teachers appointed by the University who are not members of the Hospital staff be accorded such facilities of the hospital as are necessary for the purposes of clinical teaching and research, and that others may, at the discretion of the physicians-in-chief, be attached to the services for the purposes of clinical study and research.

13. That the physicians-in-chief be required to devote their time entirely to teaching and consultation work and the care of their wards.

14. That members of the staff shall make their visits to the hospital at stated hours, and devote such time to the duties connected with their positions as is necessary for the proper study, management and records of the patients.

15. That members of the staff be not allowed to serve on the staff of another general hospital.

16. That for senior members of the active medical staff an age limit of sixty years be fixed, and a service limit of ten years, with the privilege of a further appointment (under exceptional circumstances) for a period of not more than five years.

17. That in completion of their term of service on the Active Staff, physicians be placed on the Consulting Staff of the hospital.

18. That the heads of the various services be held responsible for the accuracy and completeness of the clinical records, and that the Medical Superintendent of the hospital be the custodian of the same.

19. That there shall be a medical registrar whose duty it shall be to properly index and file the records, compile statistics and submit a yearly report of the cases in the hospital.

20. That a sufficient amount of clerical assistance be furnished the clinicians to enable them to keep the records in proper condition and that for this purpose at least one stenographer be employed for the medical services.

21. That the services of competent artists, photographers and other extra-professional assistants be obtained for properly carrying out the hospital work.

22. That at least \$10,000 be appropriated annually by the Board for the maintenance of the scientific departments of the hospital.

23. That this appropriation provide for the services of a pathologist and assistants, a pathological chemist and other laboratory assistants and servants, and that these be provided with requisite facilities and supplies, as furnished in similar institutions elsewhere.

24. That for the present, Dermatology and Neurology be sub-departments of the Department of Medicine.

25. That the members of the general profession have full and unrestricted privileges of the semi-private and private wards, subject to the regulations of the hospital, and that the courtesy of visiting their patients in the public wards be extended to them, this privilege not to include the right of undertaking the treatment of patients in public wards.

26. That steps be taken to establish a good working library and journal room in connection with the hospital.

ADDENDUM.

Herein the Committee desires to set forth the considerations that have especially appealed to them in determining the recommendations made:

1. It is recommended that the members of the staff resign in order that the Board may have a perfectly free hand, unembarrassed by previous conditions to organize on the most approved lines and select the most efficient staff. An opportunity such as this allowed the Trustees of the Johns Hopkins Hospital to organize and select a staff, which in a few years placed that institution in the front rank for teaching, and clinical and scientific research.

Dr. Osler says: "The first thing necessary is the passing of a self-denying ordinance on the part of the profession of the city."

2. The contributions to the hospital scheme by the Province, the City and the University places the Toronto General Hospital on a different footing from that of a local or private charity. It has therefore, with reason, been contended that all members of the profession should be accorded equal rights and privileges in connection with such an institution. To concede the right to every practitioner to treat patients in the public wards would be to grant privileges not allowed in any properly organized hospital, and would with certainty defeat the objects in view in the establishment of a modern hospital in Toronto.

By the resignation of the staff and the opening of appointments on equal terms, purely on a basis of merit, and to every practitioner in the city and province, the best staff can be chosen, the rights of the whole profession recognized and the interests of the hospital conserved.

3. In recommending two physicians-in-chief, or one to every fifty patients, the Committee was influenced by the following reasons:

(a) This is about the average number of patients allotted to each physician-in-chief in the various hospitals communicated with. (See answers to questions 1 and 2, Appendix 1.*).

* The Appendices to this report have not been received by the Board, but they have been published by the Medical Faculty of the University.

(b) Dr. Osler says: "In a hospital of four hundred beds there should be two medical services of ninety beds each, or three of sixty.

(c) As the policy of confining a physician to one general hospital has been recommended, it is necessary that he should be supplied with a sufficient amount of clinical material.

(d) If the physicians-in-chief are to be purely consultants, the number of services must be limited, as the city of Toronto is not large enough to support more than two medical consultants in connection with the General Hospital.

4. In recommending that the physicians-in-chief be limited to teaching and consultation work, the following reasons may be adduced:

(a) This is the custom which obtains in the foremost hospitals in other parts of the world.

(b) Dr. Osler, who is conversant with our local conditions, recommends that they be so limited.

(c) It is practically impossible for physicians in general practice to devote the time and attention requisite for the proper performance of the onerous duties of such a position, and to prosecute and direct the clinical and scientific research and publication expected of the occupants of these positions.

(d) It would greatly minimize or practically remove the objection on the part of the general profession to competing practitioners being placed by the hospital in control of the class of patients which, while not paupers, are unable to pay in full their expense to the hospital.

(e) We believe it would tend to the ultimate advantage of the hospital, the University, the public and the medical profession in general.

5. That members of the staff should visit the hospital at stated hours seems necessary for the proper administration of the hospital work.

(a) By this means only will the resident and externe physicians, nurses, students and others be able to systematize and arrange their hospital work.

(b) It will tend to the least loss of time and disarrangement of the work of all connected with the services by allowing everything being in readiness for the physicians' visit.

(c) By the adoption of such a plan only will it be possible for the resident staff and others to have certain hours set apart for study and research without interruption by the physicians' visits.

(d) Dr. Osler says: "The physicians should not only make their visits at stated hours but *stay* stated hours."

6. An age and service limit have been adopted by many of the leading hospitals. By such an arrangement provision is made for men to be given an opportunity for active hospital work during their years of greatest energy and enthusiasm. By being relieved

of his active duties at sixty years of age, time is allowed the physician to be devoted to collecting and publishing from the data accumulated during his period of active service. Moreover, the knowledge on the part of the physician that his period as head of the service is limited, will be a stimulus to more strenuous effort to accomplish all that is possible within that time.

7. The Committee, recognizing the essential importance of full and accurate clinical records, not only in connection with the proper treatment of the patients, but for purposes of clinical study, research and publication, believes that the heads of the services should be made responsible to the Board and the medical staff for the character of the same. The preparation of proper clinical records requires the highest degree of skill and knowledge, for which the services of externe and interne assistants and clerks are available only to record data dictated by the clinician or obtained under his immediate direction. These data, being the record of the clinical and scientific research of the hospital, reflect in the fullest measure the character of the work and serve as the best available index to the efficiency of the services performed by members of the staff. Their accuracy and completeness will test the efficiency and smoothness of the whole hospital machine, organization, co-ordination of departments, equipment, clinical skill and scientific attainment of the medical staff, faithfulness to duty and harmony of work, for in so far as any of these are deficient, the result will be reflected in the character of the records. On these alone future reports and publications and, consequently, the scientific status of the hospital depend. By indicating the character of the work performed by the various members of the staff, they furnish valuable documentary evidence of the claims of such for promotion.

These records in a few years should represent a collection of reliable data from which material could be obtained for the publication of reports, a journal, treatises on various subjects, text-books, etc., and thus there would be placed before the profession opportunities for the prosecution of medical research hitherto unavailable in Toronto. Access to such material for purposes of research and study on the part of younger men would keep them busy, improving themselves and consequently contented, in the leisure hours of early practice and would furnish an outlet for restless energy, beneficial alike to the hospital, the individual, the profession and the interests of scientific medicine.

With reference to the importance of clinical records, we would refer you to the opinions of Drs. Osler, Allbutt, Byrom Bramwell, Stockton, Barker, Dock and others in the answer to Question 6, Appendix No. 2. (See foot note, page 24.)

8. Clerical assistance for the proper compiling and typewriting these records is now furnished by some of the best hospitals and is especially recommended by Drs. Osler and Barker.

9. For the best results in hospital work, well equipped pathological and clinical laboratories, manned by a sufficient number of competent workers, are essential. The maintenance of these laboratories of the best type costs from \$10,000 to \$15,000 annually. (See answers to Question 12, Appendix No. 2. See foot note, page 24.)

10. The services of a competent artist, photographers, etc., has proved of great advantage in those institutions where proper records are kept and publications made.

Your Committee* beg leave to express their appreciation of the courtesy of their professional brethren in other centres who so kindly contributed information and advice on the questions of hospital organization referred to them.

All of which is respectfully submitted,

(Signed) JOHN L. DAVIDSON,
Chairman.

* A committee of the staff, composed of Drs. R. D. Rudolf, H. B. Anderson, R. J. Dwyer, and H. C. Parsons, collected the information for the report.

Communication from the Staff of Surgeons and from the
Specialists of the Toronto General Hospital
concerning Reorganization.

TORONTO, July 4th, 1906.

The Chairman, Board of Trustees, Toronto General Hospital.

DEAR SIR,—You will recall that on a suggestion made by yourself, a meeting of the Physicians and also one of the Surgeons connected with this hospital was convened last winter. Each of these bodies adopted certain resolutions bearing upon points in which your Board and the Staff were jointly interested.

At several meetings of the full Staff held subsequently these resolutions were given careful consideration, and after being amended they were laid before your Board.

At the last of these meetings, viz., the one held January 31st, 1906, a sub-committee was authorized to obtain from other hospitals certain data with regard to regulations in force. It did so and reported to the Medical Section, by which the report was amended and sent on to the Board.

The Surgeons and members of special departments desire also to be heard in regard to hospital reorganization, and submit for your consideration a number of resolutions upon which they are in agreement.

Yours respectfully,

(Signed) N. A. POWELL,
Secretary.

F. LEM. GRASETT,
Chairman.

TORONTO, June 28th, 1906.

1. We reaffirm the report, adopted and recommended by a meeting of the full staff held January 31st, 1906, concerning the limitations of all appointments, other than those upon the consulting staff, to men who are attached to one general hospital only.

2. Regarding the question of appointments and promotions, in our opinion, where merit is equal, seniority on the staff of this hospital should decide between candidates.

3. It is advised, since the question of hospital appointments is of such vital importance both to the Faculty of Medicine and to the hospital, that the hospital and University authorities should act in harmony in the making of all hospital appointments.

4. We recommend that there be three surgical services, each to consist of:

- (a) A full surgeon.
- (b) An assistant surgeon.
- (c) One or two out-patient surgeons.

One house surgeon to be attached to each service.

We advise that there be no salary in connection with any of these positions.

In the special department our recommendation is as follows:—

Obstetrics—

One senior surgeon.
One associate surgeon.
Assistants.

Gynæcology—

One senior surgeon.
One associate surgeon.
Assistants.

Ophthalmolgy and Otology—

One senior surgeon.
Three associate surgeons.
Assistants.

Laryngology and Rhinology—

One senior surgeon.
One associate surgeon.
Assistants.

The seniors and associates to take the service from September 1st to May 31st, and their assistants from June 1st to August 31st, in addition to such other duty as may be required by the seniors or associates.

All assistants should be under the control of the seniors. Excepting in the department of obstetrics, the seniors and associates must not engage in general practice.

5. In our opinion notice should be given that after five years from this date all full surgeons shall be required to restrict their professional work to surgical practice.

If any appointment is made to the position of full surgeon, prior to the next reorganization of the staff, the person so appointed shall be required immediately to limit his practice to surgery.

This rule, changed as may be required, should apply to the department of gynecology also.

6. It is advised that the records and reports of all surgical cases be taken by the house surgeons, under the direction of a paid resident senior house surgeon or registrar, to whom might also be assigned the care of emergency cases in the absence of the surgeons on duty.

Before being placed on file, all histories should be initialed by the attending surgeon in whose service the patient has been admitted.

7. It is desirable that the outdoor and indoor services should be brought into much closer association.

8. It is recommended that members of the surgical staff and of the special departments attend the hospital at stated hours.

9. We reaffirm the statement of the full staff regarding the appointment of a Medical Board. The associates in the special departments, as well as the assistant physicians and surgeons, should be members of this Board.

10. We recommend as essential a fully-equipped and efficient X-Ray and Electro-Therapeutic Department, under expert management.

11. We endorse the view, already expressed by the full staff, that there should be an age and service limit in connection with all senior hospital positions.

12. It is recommended that the senior surgeons should, on the first day of June in each year, relinquish their duties in connection with attendance upon patients whom they have received in rotation in the public wards, and that the assistant surgeons should come on duty and receive and take charge of all rotation cases until the last day of August in each year, or for such further time as the senior on any service may desire.

Further, if the senior surgeon in any service should be unable, from absence or other cause, to perform his hospital duties during any other part or parts of the year, such duties shall be undertaken and carried on by the assistant surgeon in his service.

All of which is respectfully submitted.

Benefactors of the Toronto General Hospital.**NOT INCLUDED IN BUILDING FUND LIST.**

1861 Alex. Sanderson	\$500 00
1867 George Michie	2,000 00
1869 John G. Walker	500 00
1871 George Henry	2,000 00
1875 James Ferrier Gentle, Montreal	5,000 00
1875 Erland Erlandson, Port Hope	15,000 00
1878 William Gooderham, Sr.	4,500 00
1878 James G. Worts	4,500 00
1878 William Cawthra	4,500 00
1882 William Gooderham, Jr.	2,000 00
1883 John Macdonald	1,000 00
1883 Henry Gooderham	500 00
1884 James Michie	5,000 00
1886 Margaret I. Roaf	1,000 00
1886 The R. B. Butland Bequest	14,000 00
1887 Alexander McGregor	500 00
1889 John B. Lloyd	1,000 00
1890 James E. Drinkwater	1,500 00
1891 George Davison	1,500 00
1891 Hon. John Macdonald	4,000 00
1891 Rev. Father T. C. McMahon	2,800 00
1892 Alex. T. Fulton	5,000 00
1893 Henry Buck (Salem, N.H.)	1,000 00
1898 Jane Porter	3,000 00
1898 William Warren	1,000 00
1898 Toronto Railway Company	1,000 00
1900 Hugh Ryan	500 00
1900 Edward Hooper	500 00
1900 Frances W. French	500 00
1903 George W. Lewis	9,400 00
1904 Charles Cockshutt	1,000 00
1905 Canadian Benevolent Protective Order of Elks, Toronto Lodge	2,000 00
1905 George W. Lewis	8,500 00
1906 Jas. F. W. Ross	500 00

List of Subscribers to the New Hospital Building Fund to
October 1st, 1906.

Names of Subscribers	Amounts of Sub- scriptions	How Payable	Term
A. Ansley & Co	\$500	5 yearly instalments	1906 to 1910
T. W. Baillie	5,000	5 " "	1906 to 1910
Walter J. Barr	500	5 " "	1906 to 1910
The Brown Bros., Limited	1,000	5 " "	1906 to 1910
George W. Booth	500	5 " "	1906 to 1910
Hon. George A. Cox	100,000	5 " "	1906 to 1910
F. C. Daniel	150	2 " "	1906 to 1907
Copp, Clark Co., Limited	1,000	5 " "	1906 to 1910
E. and S. Currie, Limited	500	5 " "	1906 to 1910
Fancy Goods Co. of Canada, Limited	1,000	5 " "	1906 to 1910
J. W. T. Fairweather	500	3 " "	1906 to 1908
J. W. Flavell	25,000	5 " "	1906 to 1910
J. A. Fraser	25	1 " "	1906
H. H. Fudger	1,000	4 " "	1907 to 1910
W. H. Lockhart Gordon	100	2 " "	1906 to 1907
H. D. Gamble	100	3 " "	1906 to 1908
Goldsmiths' Stock Co., Limited	500	5 " "	1906 to 1910
G. Goulding & Sons	500	5 " "	1906 to 1910
Rev. Elmore Harris	100	1 payment	On demand
James Henderson	100	2 yearly instalments	1906 to 1907
G. A. Howell	100	5 " "	1906 to 1910
Mark H. Irish	500	1 payment	On demand
W. R. Johnston	5,000	5 yearly instalments	1906 to 1910
M. Langmuir Mfg Co., Limited	1,000	5 " "	1906 to 1910
P. C. Larkin	10,000	5 " "	1906 to 1910
Z. A. Lash	10,000	Not stated	
The Lowndes Co., Limited	500	5 yearly instalments	1906 to 1910
Cawthra Mulock	100,000	Not stated	
Estate of H. A. Massey	100,000	Not stated	
W. D. Matthews	3,000	3 yearly instalments	1906 to 1908
Norman Macrae	500	1 payment	On demand
Allan F. Miller	100	5 yearly instalments	1906 to 1910
National Trust Co., Limited	5,000	3 " "	1906 to 1908
Frederic Nicholls	5,000	5 " "	1906 to 1910
W. R. Percival Parker	100	5 " "	1906 to 1910
Sir Henry M. Pellatt	5,000	5 " "	1906 to 1910
A. T. Reid	300	3 yearly instalments	1907 to 1909
R. B. Rice	150	3 " "	1907 to 1909
James Ryrie	2,500	5 " "	1906 to 1910
Harry Ryrie	2,500	5 " "	1906 to 1910
Rowell, Reid, Wilkie, Wood & Gibson	1,000	4 " "	1907 to 1910
Frank Sanderson	100	3 " "	1906 to 1908
James Scott	500	5 " "	1906 to 1910
Prof. and Mrs. W. H. Vander Smisen	100	3 " "	1906 to 1908
Byron E. Walker	10,000	5 " "	1906 to 1910
Mr. and Mrs. R. Wickens	100	1 payment	1906
D. R. Wilkie	500	Not stated	
E. R. Wood	25,000	5 yearly instalments	1906 to 1910
J. H. Wood	100	1 payment	On demand
A. W. Anglin	100	2 yearly instalments	1906 to 1907
James W. Baillie	100	1 payment	On demand
H. M. Blackburn	100	5 yearly instalments	1906 to 1910
S. H. Blake	500	5 " "	1906 to 1910
W. H. Blake	100	1 payment	On demand
J. C. Breckenridge	200	1 " "	" "
R. C. H. Cassels	100	5 yearly instalments	1906 to 1910
W. G. P. Cassels	500	5 " "	1906 to 1910
John Dick	500	5 " "	1906 to 1910
Elliott Manufacturing Co	50	5 " "	1906 to 1910
E. W. Gillett Co., Limited	500	5 " "	1906 to 1910
Walter Gow	100	1 payment	On demand
Robert Greig	300	3 yearly instalments	1906 to 1908
George R. Hargraff	250	5 " "	1906 to 1910
G. T. Irving	500	5 " "	1906 to 1910
W. A. H. Kerr	100	2 " "	1906 to 1907
John B. Laidlaw	250	5 " "	1906 to 1910
Miller Lash	500	5 " "	1906 to 1910

LIST OF SUBSCRIBERS TO THE NEW HOSPITAL BUILDING FUND—Continued.

NAMES OF SUBSCRIBERS	Amounts of Sub- scriptions	How Payable	Term
C. A. Larkin	\$300	3 yearly instalments	1906 to 1908
T. D. Law	100	1 payment	On demand
Mason & Shaw	150	2 yearly instalments	1906 to 1907
C. A. Moss	250	5 " "	1906 to 1910
Frank E. Maulson	25	1 payment	On demand
Proctor Bros.	50	1 payment	1906
Joseph B. Reed & Sons (Shaw & McNaught)	300	3 yearly instalments	1906 to 1908
Rolph & Clark, Limited	1,000	5 " "	1906 to 1910
W. D. Ross	200	1 payment	On demand
J. M. Smith	200	2 yearly instalments	1906 to 1907
R. Holme Smith	250	3 " "	1906 to 1908
Smith & Mackenzie	125	5 " "	1906 to 1910
Toronto Lithographing Co., Limited.....	1,000	5 " "	1906 to 1910
H. L. Watt	500	5 " "	1907 to 1911
W. T. White	500	2 " "	1906 to 1907
Frank P. Wood	500	5 " "	1906 to 1910
C. W. J. Woodland	100	1 payment	On demand
Warwick Bros. & Rutter	1,000	2 yearly instalments	1906 to 1907
W. R. Wadsworth	100	2 " "	1906 to 1907
George Edwards	300	3 " "	1907 to 1909
W. L. Symons	100	1 payment	1907
John N. Lake	100	2 yearly instalments	1906 to 1907
Geo. Borgfeldt & Co.	500	5 " "	1906 to 1910
Wood, Gundy & Co.	500	5 " "	1906 to 1910
George R. Copping	300	3 " "	1907 to 1909
Stapleton Caldecott	100	3 " "	1906 to 1908
A. A. Allan & Co.	1,000	Not stated	.....
John Kay, Son & Co.	1,000	Not stated	.....
Perkins, Inee & Co.	500	5 yearly instalments	1906 to 1910
James A. Thompson	150	5 " "	1906 to 1910
Walter Barwick	500	5 " "	1906 to 1910
Warren Bros. & Co., Limited	500	3 " "	1906 to 1908
Davis & Henderson	200	3 " "	1906 to 1908
James Lumbers	500	5 " "	1906 to 1910
John Sloan & Co., Limited.....	500	3 " "	1906 to 1908
Thomas Kinnear & Co.	500	3 " "	1906 to 1908
Ridout & Strickland	150	3 " "	1906 to 1908
Davidson & Hay, Limited	500	3 " "	1906 to 1908
F. W. Humphrey	250	5 " "	1906 to 1910
H. P. Eckart	500	3 " "	1906 to 1908
N. Ferrar Davidson	100	5 " "	1906 to 1910
Noel Marshall	300	5 " "	1907 to 1911
Noel Clifford Marshall	100	5 " "	1907 to 1911
K. R. Marshall	100	5 " "	1907 to 1911
Conger Coal Co., Limited	300	3 " "	1906 to 1908
Elliott & Son, Limited	100	1 " "	1906
A. F. Roger	300	3 " "	1906 to 1908
John Calto	500	5 " "	1906 to 1910
A. E. Webb	100	1 payment	On demand
John Stark & Co.	1,000	1 " "	.....
G. Tower Fergusson	100	2 yearly instalments	1906 to 1907
A. Clubb & Sons	25	1 payment	On demand
John Lowden & Son	30	1 yearly instalment	1906
Nisbet & Auld	500	2 yearly instalments	1906 to 1907
Osborne & Francis	250	1 payment	On demand
Hugh N. Baird	200	2 yearly instalments	1906 to 1907
Medland & Jones	150	5 " "	1906 to 1910
Osler Wade	100	1 payment	On demand
M. Bachrack	50	Not stated	.....
W. A. Murray & Co., Limited	1,000	5 yearly instalments	1906 to 1910
Toronto Carpet Mfg Co., Limited	1,000	5 " "	1906 to 1910
John D. Ivey Co., Limited	500	5 " "	1906 to 1910
H. F. Sharpe	150	3 " "	1907 to 1909
Edmund H. Osler	25,000	5 " "	1906 to 1910
John Leckie, Limited	100	1 " "	1906
Adams Furniture Co.	100	1 " "	1907
Alfred Wright	125	5 " "	1907 to 1911
Thomas Woodhouse	30	2 " "	1906 to 1907
J. D. Bradshaw Co.	100	3 " "	1906 to 1908
J. Coulter Co., Limited	150	3 " "	1906 to 1908
Robert F. Scott	100	1 " "	1907

LIST OF SUBSCRIBERS TO THE NEW HOSPITAL BUILDING FUND—Continued.

NAMES OF SUBSCRIBERS	Amounts of Sub- scriptions	How Payable	Term
Roden Bros.....	\$500	5 yearly instalments	1906 to 1910
W. T. Hogg.....	100	2 " "	1907 to 1908
F. H. Deacon & Co.....	100	1 payment	On demand
W. Rennie Co., Limited.....	100	2 yearly instalments	1907 to 1908
R. J. Christie.....	2,500	5 " "	1906 to 1910
Albert Kleiser.....	100	1 " "	1906
S. Lorie.....	300	3 yearly instalments	1906 to 1908
Toronto Pharmacal Co.....	150	5 " "	1906 to 1910
R. W. Spence.....	100	2 " "	1906 to 1907
Sidney Jones.....	50	1 " "	1907
Harry F. Wyatt.....	100	3 " "	1906 to 1908
F. G. Mason.....	1,000	5 " "	1906 to 1910
Firstbrook Box Co. Limited.....	500	5 " "	1906 to 1910
C. C. Dalton.....	50	5 " "	1906 to 1910
Witchall & Son.....	100	1 " "	1906
G. Duthie & Sons.....	100	3 " "	1907 to 1909
Wm. Davies Co., Limited.....	1,000	3 " "	1906 to 1908
S. B. Gundy.....	100	2 " "	1907 to 1908
W. A. Mitchell.....	250	2 " "	1906 to 1910
John Northway & Son, Limited.....	500	2 " "	1906 to 1907
Clarke & Clarke, Limited.....	500	2 " "	1907 to 1908
R. H. Verity.....	250	5 " "	1906 to 1910
Corticelli Silk Co.....	100	1 " "	1906
Forbes Roofing Co.....	100	3 " "	1907 to 1908
Nerlich & Co.....	500	5 " "	1906 to 1910
D. D. Mann.....	10,000	5 " "	1906 to 1910
E. S. E. McConkey.....	100	2 " "	1906 to 1907
J. F. Brown Co., Limited.....	100	1 " "	1907
Estate of late George Gooderham.....	55,000	1 payment	On demand
Mrs. George Gooderham.....	1,000	1 payment	" "
W. Lloyd Wood.....	250	5 yearly instalments	1906 to 1910
Paterson Manfg. Co., Limited.....	500	5 " "	1907 to 1911
The Ames Holden Co., Limited.....	500	5 " "	1906 to 1910
Gordon & Helliwell.....	50	3 " "	1906 to 1908
W. J. McWhinney.....	100	5 " "	1906 to 1910
A. M. M. Kirkpatrick.....	125	3 " "	1906 to 1908
A. Levy.....	50	2 " "	1906 to 1907
J. N. McKendry.....	50	2 " "	1906 to 1907
Park Bros.....	25	1 " "	1907
Cameron & Campbell.....	20	1 " "	1906
Geo. W. Ferrier.....	25	5 " "	1907 to 1911
Laidlaw & Co.....	200	1 payment	On demand
Daniel L. G. Rumph.....	50	5 yearly instalments	1907 to 1911
Lawrence Solman.....	200	1 payment	On demand
T. N. Sampson.....	50	5 yearly instalments	1907 to 1911
Speight & VanNostrand.....	100	4 " "	1907 to 1910
Bilton Bros.....	100	4 " "	1907 to 1910
W. T. Pearce.....	25	5 " "	1907 to 1911
S. Tidy & Son.....	25	1 " "	1907
Canadian Kodak Co., Limited.....	250	5 " "	1906 to 1910
Ritchie & Ramsay.....	500	3 " "	1907 to 1909
W. Fountain, "My Valet".....	25	1 " "	1907
W. H. Steel Co., Limited.....	25	1 " "	1907
George Marshall.....	25	5 " "	1907 to 1911
Copeland, Chatterson Co., Limited.....	500	5 " "	1906 to 1910
J. A. McKee.....	1,000	1 payment	On demand
R. Laidlaw Lumber Co.....	500	Not stated	1907 to 1909
W. D. Lummis.....	10	3 yearly instalments	1907 to 1911
W. A. Ellis.....	25	5 " "	1906 to 1910
Strachan Johnston.....	250	5 " "	1906 to 1910
J. H. Macdonald, K.C.....	500	5 " "	1906 to 1910
D. E. Thompson, K.C.....	500	5 " "	1906 to 1910
George F. Shepley, K.C.....	500	5 " "	1906 to 1910
Fred W. Niehouse.....	25	5 " "	1907 to 1911
J. A. Austin.....	25	5 " "	1907 to 1911
S. H. Knox & Co.....	100	1 " "	1906
Alex. Lochore.....	30	3 " "	1907 to 1909
Frank Stollery.....	50	5 " "	1907 to 1911
George J. St. Leger.....	110	1 " "	1906
L. J. Applegath & Son.....	100	5 " "	1907 to 1911
Charles M. Henderson.....	30	3 " "	1906 to 1908
M. S. Brandon.....	10	1 " "	1907

LIST OF SUBSCRIBERS TO THE NEW HOSPITAL BUILDING FUND—*Continued.*

NAMES OF SUBSCRIBERS	Amounts of Sub- scriptions	How Payable	Term
Harris Abbatoir Co., Limited.....	\$500	1 payment	On demand
W. E. Middleton.....	250	5 yearly instalments	1906 to 1910
R. C. Donald	250	5 " "	1906 to 1910
Strong & Co.	25	5 " "	1907 to 1911
J. G. Wright	50	5 " "	1907 to 1911
Charles J. Stoddart.....	10	2 yearly instalments	1907 to 1908
Mrs. A. H. Austin.....	100	3 " "	1906 to 1907
Julian Sale Leather Goods Co., Limited	100	3 " "	1907 to 1909
John Hillock & Co., Limited.....	10	1 " "	1906
Dominion Express Co.....	1,000	4 " "	1906 to 1909
H. & C. Blatchford.....	100	1 " "	1907
G. Booth & Son.....	100	1 " "	1906
O'Briens, Limited.....	125	5 " "	1906 to 1910
A. R. Clark & Co., Limited.....	500	5 " "	1906 to 1910
Joseph N. Shenstone.....	500	2 " "	1906 to 1907
P. M. Clark & Son.....	100	1 " "	1907
T. A. Lytle Co., Limited.....	100	3 " "	1906 to 1908
F. W. Stair.....	50	2 " "	1907 to 1908
Gordon Mackay & Co., Limited.....	2,500	5 " "	1907 to 1911
Prime & Rankin, Limited.....	100	1 " "	1907
Wilson, Munro Co., Limited.....	100	5 " "	1906 to 1910
Anderson, Macbeth Co., Limited.....	100	1 " "	1906
R. Bond.....	50	1 " "	1907
Saunders & Rowan.....	50	2 " "	1907 to 1908
Rhys D. Fairbairn.....	25	1 " "	1906
American Watch Case Co.....	500	3 " "	1906 to 1908
Chandler, Ingram & Bell.....	500	5 " "	1907 to 1911
J. H. Housser.....	500	5 " "	1906 to 1910
Gale Manufacturing Co.....	200	2 " "	1906 to 1907
Richard Southam.....	125	5 " "	1906 to 1910
Ault & Wiborg Co., of Canada.....	125	5 " "	1907 to 1911
Edward Mack.....	100	4 " "	1907 to 1910
Hargreaves Bros.....	50	5 " "	1907 to 1911
C. M. Coulter & Sons.....	30	3 " "	1907 to 1909
S. S. White Dental Mfg. Co.....	25	1 " "	1906
Art Metropole, Limited.....	100	1 payment	On demand
A. R. Williams Machinery Co.....	1,000	5 yearly instalments	1907 to 1911
Boyd-Brummell Co., Limited.....	100	1 " "	1907
Geo. H. Hees, Son & Co., Limited.....	1,000	5 " "	1906 to 1910
Ernest Saunders.....	100	1 " "	1906
Andrew Wilson.....	100	4 " "	1907 to 1910
W. D. McIntosh.....	100	2 yearly instalments	1906 to 1907
Fred. L. H. Sims.....	50	1 " "	1907
Whaley, Royce & Co., Limited.....	200	5 " "	1907 to 1911
A. E. Ryde.....	25	1 " "	1907
A. B. Ormsby, Limited.....	200	1 " "	1907
Staff of the Goldsmith's Stock Co., as follows:			
G. B. Kelsey.....	30	3 " "	1906 to 1908
L. E. Wickens.....	30	3 " "	1906 to 1908
J. A. Heatherington.....	75	3 " "	1906 to 1908
C. R. Battin.....	50	3 " "	1906 to 1908
H. P. Thorneloe.....	30	3 " "	1906 to 1908
T. H. Whatmough.....	20	3 " "	1906 to 1908
A. M. Graham.....	30	3 " "	1906 to 1908
R. J. Abbs.....	50	1 payment	1906
J. B. Easson.....	50	2 yearly instalments	1906 to 1907
J. F. Logan.....	50	1 payment	1906
C. D. Maughan.....	25	1 " "	1906
F. E. Boddy.....	10	2 yearly instalments	1906 to 1907
W. W. Hamilton.....	10	2 " "	1906 to 1907
J. H. Webber.....	9	3 " "	1906 to 1908
D. A. Swan.....	10	2 " "	1906 to 1907
B. Pope.....	9	3 " "	1906 to 1908
James Humphries.....	10	2 " "	1906 to 1907
E. C. Medland.....	7	3 " "	1906 to 1908
F. D. Thorneloe.....	9	3 " "	1906 to 1908
Clemes Bros.....	100	1 payment	On demand
Hon. Mr. Justice B. M. Britton.....	500	5 yearly instalments	1906 to 1910
J. Singer.....	100	3 " "	1907 to 1909
Thomas M. Harris.....	25	1 " "	1908
Joseph McCausland & Son.....	100	1 " "	1907

LIST OF SUBSCRIBERS TO THE NEW HOSPITAL BUILDING FUND—Continued.

NAMES OF SUBSCRIBERS	Amounts of Sub- scriptions	How Payable	Term
Luxfer Prism or Expanded Metal Co...	\$100	1 payment	1907
Frank M. Gray	100	1 "	On demand
J. S. Playfair	100	1 "	" "
D. S. Cassels	100	1 yearly instalment	1907
Booth Copper Co., of Toronto, Limited.	50	1 "	1907
(Prof.) George M. Wrong	100	1 "	1907 to 1910
W. A. Lyon Co	50	1 "	1907
R. Score & Son	100	4 yearly instalments	1907 to 1910
Henry A. Taylor	200	5 "	1907 to 1911
Russell Hardware Co	25	1 "	1907
Joseph Kilgour	500	5 "	1906 to 1910
Ontario Wind Engine and Pump Co	100	2 "	1907 to 1907
Jas. Morrison, Brass Manufacturing Co.	200	5 "	1906 to 1910
A. C. Rogers	100	1 "	1906
Conduits Co., Limited	100	1 "	1907
Harry Webb	300	3 "	1907 to 1909
W. H. Lailey Co., Limited	300	3 "	1907 to 1909
D. McCall Co., Limited	500	3 "	1907 to 1909
Jas. Acton	200	2 "	1906 to 1907
W. H. Pearson	200	3 "	1906 to 1908
J. F. Hartz Co., Limited	100	1 payment	On demand
J. Henry Peters	100	5 yearly instalments	1906 to 1910
John Chambers	100	3 "	1907 to 1909
C. S. MacInnes	100	4 "	1906 to 1909
Samuel King	100	3 "	1906 to 1908
Hon. James V. Teetzel	100	4 "	1906 to 1909
The Steele-Briggs Co., Limited	500	2 "	1906 to 1907
Edmund Bristol	1,000	5 "	1906 to 1910
Duncan Bell	50	2 "	1906 to 1907
Frederick Wyld	500	1 "	1907
S. F. McKinnon and Co., Limited	500	5 "	1907 to 1911
Office Staff, Wm. Davies Co., Limited, as follows—			
F. J. Smale	150	3 "	1906 to 1908
Albert F. Park	60	3 "	" "
J. A. Nelson	60	3 "	" "
John S. Porter	100	3 "	" "
W. W. Barrett	100	3 "	" "
L. C. Van Bever	60	3 "	" "
H. H. Smith	60	3 "	" "
H. A. Moffatt	30	3 "	" "
A. W. Smith	45	3 "	" "
J. R. Clark	30	3 "	" "
J. W. Cringan	30	3 "	" "
J. H. Barrett	75	3 "	" "
R. B. Park	30	3 yearly instalments	" "
R. M. Watt	30	3 "	" "
P. Roberts	15	3 "	" "
J. A. Carstairs	25	1 payment	1906
William Rea	5	3 yearly instalments	1906 to 1908
Ladies of Head Office	22	1 payment	1906
"H. W."	5	1 "	1906
W. G. Stevens	10	3 yearly instalments	1906 to 1908
J. M. Huddart	10	3 "	" "
F. A. E. Hamilton	30	3 "	" "
W. H. Boddy	10	3 "	" "
J. F. Andrews	30	3 "	" "
F. D. Mitchell	9	3 "	" "
C. S. Dale	6	3 "	" "
W. P. Challes	9	3 "	" "
Ernest E. Nott	9	3 "	" "
A. H. Veitch	9	3 "	" "
A. R. Brown	15	3 "	" "
W. Melrose	10	1 payment	1906
W. G. Blair	9	3 yearly instalments	1906 to 1908
D. C. McCarthy	6	3 "	" "
J. R. Hyland	5	1 payment	1906
F. A. Morell	5	1 "	" "
William White	5	1 "	" "
C. H. Collard	1	1 "	" "
W. Matthews	1	1 "	" "
A. Smith	1	1 "	" "

LIST OF SUBSCRIBERS TO THE NEW HOSPITAL BUILDING FUND—Continued.

NAMES OF SUBSCRIBERS	Amounts of Sub- scriptions	How Payable	Term
Office Staff, Wm. Davies Co., Limited.— <i>Continued.</i>			
John Foanes.....	\$1	1 payment	1906
C. Flaxmail.....	1 1	"	"
F. G. Chanter.....	1 1	"	"
P. Fobert.....	1 1	"	"
F. Pegg.....	5 1	"	"
J. Harvey.....	2 1	"	"
A. Collett.....	1 1	"	"
L. Colyer.....	2 1	"	"
F. Morris.....	2 1	"	"
C. Boyce.....	2 1	"	"
J. B. Thompson.....	1 1	"	"
E. G. Shelley.....	1 1	"	"
B. Hughes.....	5 1	"	"
W. Spink.....	2 1	"	"
Office Staff, Queen Street.....	4 1	"	"
James W. Atherton.....	10 1	"	"
Edwin Lodge.....	10 1	"	"
D. Harding.....	5 1	"	"
Queen Street Store Staff.....	6.10	1 "	"
F. Bettle.....	5 1	"	"
G. Teetart.....	1 1	"	"
B. Robinson.....	1 1	"	"
J. Crossin.....	1 1	"	"
M. Thompson.....	1 1	"	"
E. Sharpe.....	5 1	"	"
T. H. Cox.....	1 1	"	"
Miss Andrew.....	1 1	"	"
W. A. Frost.....	5 1	"	"
S. B. Herbert.....	10 1	"	"
George Dempster.....	5 1	"	"
A. G. Loatis.....	1 1	"	"
Kingsmill, Hellmuth, Saunders & Tor- rance.....	1,000	3 yearly instalments	1906 to 1908
T. H. Lee & Son Co., Limited.....	500	5 "	1906 to 1910
Charles W. Kerr.....	100	4 "	1906 to 1909
Toronto Hardware Mfg. Co.....	250	5 "	1907 to 1911
Oxley, Enos Co., Limited.....	25	1 payment	On demand
George Rathbone.....	100	2 yearly instalments	1906 to 1907
H. & A. Saunders.....	250	5 "	1906 to 1910
C. Parsons & Son, Limited.....	200	5 "	1907 to 1911
Masten, Starr & Spence.....	500	5 "	1906 to 1910
Lawson & Wilson.....	25	1 "	1906
John McLean.....	25	1 "	1907
John Watt.....	100	1 "	1907
R. B. Hutchison.....	50	3 "	1906 to 1908
Canada Veiling Co.....	100	1 "	1906
Joseph J. Follett.....	100	1 "	1907
R. Cassels.....	500	5 yearly instalments	1906 to 1910
Nordheimer Piano and Music Co.....	1,000	5 "	1906 to 1910
Bruce Manufacturing Co.....	50	2 "	1907 to 1908
George Reid.....	25	2 "	1907 to 1908
Rogers Electric Co.....	25	1 "	1907
Turnbull Elevator Mfg. Co.....	25	1 "	1907
Ralph King.....	25	1 "	1907
Hough Lithographing Co.....	75	3 "	1907 to 1909
J. Jupp & Son.....	525	1 "	1906
J. B. Smith & Sons, Limited.....	100	4 "	1906 to 1909
William Neilson.....	100	3 "	1907 to 1909
Henry Wright.....	90	1 payment	On demand
Marshall Sanitary Mattress Co.....	525	1 yearly instalment	1907
The James Robertson Co., Limited.....	100	5 yearly instalments	1907 to 1911
Alfred W. Smith.....	90	"	"
Alexander & Cable Lithographing Co.....	50	5 "	1907 to 1911
"A Friend," per John New.....	10	1 "	1907
Hon. Chief Justice Charles Moss.....	500	5 "	1906 to 1910
Hart & Riddell.....	200	5 "	1907 to 1911
A. Miles and employees.....	53	1 payment	On demand
H. S. Mara.....	100	1 "	"
J. C. Scott Co., Limited.....	500	3 yearly instalments	1907 to 1909
Holt Renfrew & Co.....	1,000	1 "	1906

LIST OF SUBSCRIBERS TO THE NEW HOSPITAL BUILDING FUND—Continued.

Names of Subscribers	Amounts of Subscriptions	How Payable	Term
Meyer Bros	\$25	1 payment	On demand
Lever Bros., Limited	250	5 yearly instalments	1906 to 1910
John Alexander	25	1 payment	1907
F. McEachren	10	1 "	On demand
Fred. Armstrong	100	1 "	"
Hoidge & Sons	150	1 "	"
S. W. Black & Co.	25	1 yearly instalment	1907
George Shannessy	25	1 "	1906
Elias Rogers	500	1 payment	On demand
G. A. Morrow	500	5 yearly instalments	1906 to 1910
Stauntons, Limited	250	5 "	1907 to 1911
Hume Blake	500	5 "	1907 to 1911
Fred. B. Fetherstonhaugh	125	5 "	1907 to 1911
H. Williams & Co.	150	3 yearly instalments	1907 to 1909
John J. Gartshore	50	2 "	1906 to 1907
W. G. Atkinson	100	2 "	1907 to 1908
Jenkins & Hardy	100	1 "	1907
Charles Ciceri	20	1 "	1907
R. G. McLean	150	3 "	1907 to 1909
William B. Steward	25	1 payment	On demand
T. Mortimer	25	1 "	"
W. A. Hart, Jr.	25	1 yearly instalment	1907
Keith & Fitzsimmons Co., Limited	100	2 payment	On demand
Muntz & Beatty	100	2 yearly instalments	1906 to 1907
C. H. Rust	100	3 "	1907 to 1909
Horton Walker	25	1 payment	On demand
Toronto Plate Glass Imp't'g Co.	150	5 yearly instalments	1907 to 1911
W. R. Phillips	25	1 "	1907
James C. Forman	100	1 "	1907
R. Wardrop	100	2 "	1907 to 1908
F. E. Phillips	100	4 "	1907 to 1910
Kerr, Davidson & Paterson	500	3 "	1906 to 1908
Walter Harland Smith	100	5 "	1907 to 1911
Hon. Sir Wm. R. Meredith	500	5 "	1907 to 1911
Wm. Tyrrell & Co.	50	1 "	1907
John Mackay	500	5 "	1907 to 1911
Empire Suspender Mfg. Co.	25	1 "	1907
I. S. McIndoe	105	3 "	1907 to 1909
J. A. Harrison	50	2 "	1907 to 1908
Covert Bros.	10	1 "	1906
Gurney Foundry Co., Limited	1,000	3 "	1907 to 1909
J. J. McLaughlin	250	2 "	1907 to 1908
Hon. Sir J. A. Boyd	200	1 "	1907
Hon. W. G. Falconbridge	200	1 "	1907
Timothy Eaton	50,000	not stated	not stated
H. D. Warren	10,000	1 "	"
W. E. Rundle	350	4 yearly instalments	1907 to 1910
R. A. Rogers & Co.	25	Cash	"
Mrs. Walter S. Leo	100	"	"
C. S. Blackwell	500	"	"
Imperial Extract Co.	25	"	"
David Plewes	10	"	"
A. Kavanagh	10	"	"
D. O. Ellis	10	"	"
Wm. Junor	100	"	"
Rev. Peter Addison	5	"	"
A. Methodist Minister, per Dr. W. H. Withrow	100	"	"
Bell Telephone Co.	500	"	"
Shea's Theatre	100	"	"
Robert Armstrong	400	"	"
R. Parker	500	"	"
Massey Morrice	250	"	"
R. Bigley	10	"	"
J. J. Zock & Co.	100	"	"
Crescent Concrete Paving Co.	25	"	"
C. Herendeen (Chicago)	100	"	"
A. W. Austin	500	"	"
Mrs. E. M. S. Baldwin	25	"	"
W. Laking, Lumber Co.	10	"	"
O'Keefe Brewing Co., of Toronto	500	"	"
Ishikawa & Co.	50	"	"

LIST OF SUBSCRIBERS TO THE NEW HOSPITAL BUILDING FUND—Continued.

NAMES OF SUBSCRIBERS	Amounts of Sub- scriptions	How Payable	Term
American Chiclé Co.....	\$250	Cash	
Kdmund Scheuer	50	"	
"A Friend," per Hugh Cameron & Co..	10	"	
Bredin Bread Co.....	100	"	
George Weston.....	100	"	
H. L. Hime & Co.....	50	"	
Employees of E. & S. Currie.....	6	"	
Miss Agnes Shields.....	100	"	
Thomas Urquhart	100	"	
Edward Adie.....	100	"	
James G. Ramsey.....	100	"	
David McGee.....	100	"	
W. B. Hamilton.....	2,000	"	
Dr. John Hoskin, K.C.....	1,000	"	
Jesse S. Mills.....	25	"	
Dr. Fred. Winnett.....	100	"	
Walter Gibson Cassels.....	500	"	
James McKenney.....	5	"	
John L. Blaikie.....	1,000	"	
J. Herbert Mason.....	500	"	
F. G. Osler.....	500	"	
Thomas West.....	25	"	
H. H. Williams.....	100	"	
Torrey-Alexander Mission.....	1,000	"	
Proceeds of Concert given by eight school girls.....	130	"	
Railway Mail Clerks of the Toronto Division	64	"	
Peleg Howland	200	"	
Thomas Robertson.....	100	"	
A. H. Campbell.....	500	"	
C. S. Gzowski.....	100	"	
Mrs. Goldwin Smith.....	1,000	"	
Brown and Love.....	500	"	
Telfer Manufacturing Co.....	100	"	
E. Gegg.....	100	"	
M. and L. Samuel, Benjamin and Co.....	500	"	
Wheaton and Co.....	25	"	
Mr. and Mrs. W. Mortimer Clark.....	200	"	
A Friend, for Hospital Fund, per Jno. B. Laidlaw.....	25	"	
A Friend.....	10	"	
M. A. Thomas.....	100	"	
Dr. Andrew Smith.....	500	"	
Dr. D. King Smith.....	500	"	
J. C. Black.....	500	"	
Alfred Jephcott	200	"	
W. G. Jaffray.....	100	"	
A. H. Campbell Jr.....	100	"	
A few guests of Elliot House.....	110	"	
A. Rosenthal.....	25	"	
P. A. Manning.....	100	"	
Captain Vennell.....	1	"	
George Coles, Limited.....	100	"	
Arthur Coleman.....	100	"	
C. V. M., from C. D. Massey	100	"	
Master Raymond Hart Massey.....	100	"	
"A Friend," from Mr. John Northway.....	100	"	
Wm. Crocker.....	100	"	
Leighton McCarthy, M.P.....	100	"	
T. Sutherland Macklem.....	100	"	
Dept'mental Mgrs. of Robt. Simpson Co.....	125	"	
J. Gordon Jones.....	100	"	
H. Gordon McKenzie.....	25	"	
James F. McEvoy.....	100	"	
"An Humble Friend".....	1	"	
Canadian Benevolent Order of Elks (contributed in 1905).....	2,000	"	
Waltham Watch Co., Waltham, Mass.....	250	"	
Hon. Justice Featherstone Osler.....	1,000	"	
Dominion Radiator Co.....	1,000	"	

LIST OF SUBSCRIBERS TO THE NEW HOSPITAL BUILDING FUND—*Continued.*

NAMES OF SUBSCRIBERS	Amounts of Sub- scriptions	How Payable	Term
Joseph Henderson	\$500	Cash	
Hon. A. B. Aylosworth	100	"	
J. W. Langmuir	100	"	
SPECIAL GRANTS			
Government of Ontario, special grant directed by the Legislature to be paid by the University.....	250,000	.....
University of Toronto, special grant....	50,000	.....
City of Toronto, special grant toward site.....	200,000	.....
Faculty of Medicine, University of Toronto.....	50,000	.....
County of York	15,000	.....
Total.....	\$1,219,160 10		

List of the Lands of the Toronto General Hospital on May 6th, 1906.

	DESCRIPTION.	LEASED TO	TERM.	GROUND RENT.	HOUSE RENT.	MEASUREMENTS.
Plan 108.						
184	Lot 35, King and Queen e.....	R. B. Hamilton	1906-1927	\$750 00	.....	114' 10" x { 226' 10" 196' 9"
185	{ Lots 34 to 38 King, and pt lot 3, St. Lawrence st.....	M. Medcalf	1892-1913	200 00	.....	.....
188	{ Pt lot 3 and lot 4, St. Law- rence st., e.s.....	Toronto Railway Co..	1899-1920	118 00	.....	.....
190	{ Pt lots 5 to 10, St. Lawrence st., e.s.....	R. Murray & T. Laid- law.....	1898-1919	260 00	.....	.....
192	{ Pt lots 9, 10, St. Lawrence st., e.s., and lands in Don improvement	Barber Asphalt P. C..	1898-1919	76 00	.....	.....
349	{ Pt lot 6, 7, 8, 9, St. Law- rence st., e.s., and lot in Don improvement	J. M. Purvis <i>et al</i>	1901-1922	140 00	.....	.....
192	{ Pt lots 3, 4, 5, 6, St. Lawr'nee st., w.s.....	N'th Brit. Can. In. Co.	1892-1913	100 00	.....	.....
194	Lot 19, Eastern ave., n.s.....	T. H. Williamson ...	1900-1921	60 00	.....	99ft x
195	Lot 18, " " " " " " " "	Wm. Williamson	1890-1911	164 00	.....	99ft x
205	Part lot 8, River st., w.s.....	Wm. G. Brown	1898-1919	35 20	.....	88ft x 125ft
210	Rear part lot 8, River st., w.s.	J. C. Scott.....	1898-1900	25 00	.....	88ft x 168ft 6in
210	Pt lot 8 and lot 3, River st., w.s.	" " " " " " " "	1888-1909	300 00	.....	107ft 2in x 292ft 3in
216	Pt lot 13, River st., e.s.....	St. Bartholomew's Ch	1903-1913	55 00	.....	50ft x 132ft
385	Pt lot 13, " " " " " " " "	Monthly tenants	Monthly	.....	84 00	(for 5 months)
	Rear pt lot 13, River st., e.s.	vacant (unproductive)	Has since	been	leased.	about 95ft x 400ft
212 14	Plan 108. Lot 6 and pt lot 7, Oak st., n.s.	A. E. Abraham	1894-1915	62 50	.....	49ft 3 3/4in x 135ft
214	Lot 7, Oak st.	S. E. Douglass	1894-1915	62 50	.....	48ft 8 1/4in x 143ft
218	Plan 108. Rear pt lot 5, Oak st., s.s.....	F. Armstrong	1904-1909	80 00	.....	180ft x 119ft 2 1/2in
219	Lot 10, Oak st., s.s.....	Monthly tenants	Monthly	.....	841 00	181ft x 206ft
224	Front pt lot 5, Oak st., s.s.....	" " " " " " " "	" " " " " " " "	.....	550 00	180ft x 86ft
228	Lot 10, Wilton ave., s.s.....	" " " " " " " "	" " " " " " " "	.....	358 00	90ft 5in x 203ft 3in
229	Lot 12, " " " " " " " "	Annie Douglass	1892 1913	250 00	.....	90ft 5in x 203ft 3in
233B	Pt lot 8, " " " " " " " "	W. Hamblin	1898-1919	24 00	.....	40ft x 86ft 10in
233B	" " " " " " " "	" " " " " " " "	1898-1919	45 00	.....	84ft 2in x 76ft 6in
233B	" " " " " " " "	" " " " " " " "	1898-1919	40 00	.....	117ft 6in x 84ft 2in
234	" " " " " " " "	F. W. Hamblin	1898-1919	61 50	.....	154ft x 83ft
234	Pt lot 11, St. David st., s.s.	W. Coulter	1889-1910	50 00	.....	x 205ft
236	" 11, " " " " " " " "	Public School Board..	1889-1910	77 25	.....	51ft 6in x 205ft
237	Lot 11, Sydenham st., n.s.....	Wm. G. Brown.....	1897 / 1909 1919	60 00	.....	91ft x 205ft
345	Pt lot 8, Oak st., n.s.....	Thos. Greer	1895-1916	125 00	.....	191ft 4in x 102ft 3/4in
210.2	Pt lot 8, Oak st., n.s.....	Monthly tenants.....	Monthly	.....	1745 00	206ft x 191 ft
240.2	Pt lot 8, Gerrard st., s.s.....	" " " " " " " "	" " " " " " " "	.....	.....	.....
241	Lot 9, Oak st.	J. H. Wood	1895-1916	150 00	.....	.....
341	Plan 328. Pt lot 10, n.s., Oak st. (pt lot 8)	Rebecca Tomlin.....	1901-1922	44 52	.....	53ft x 202ft 3in
339	{ Pt lot 10, n.s. Oak st. (lot 7, (and pt lot 8)	Edward Hales.....	1901-1922	42 00	.....	56ft x 202ft
337	Pt lot 10, n.s. Oak st. (lot 6)	C. J. Daniels	1901-1922	21 60	.....	30ft x 70ft
335	" 10, " " " " " " " "	W. J. Laughlin	1901-1922	21 60	.....	30ft x 70ft
333	" 10, " " " " " " " "	J. Gardiner	1901-1922	21 60	.....	30ft x 70ft
331	" 10, " " " " " " " "	F. B. Milligan	1901-1922	21 60	.....	30ft x 70ft
329	" 10, " " " " " " " "	G. Grigg	1901-1922	21 60	.....	30ft x 70ft
327	" 10, " " " " " " " "	J. Ragan	1901-1922	40 10	.....	70ft x 50ft
259	Plan 108. Pt lot 8, Gerrard st. e., s.s.....	G. Hardy <i>et al</i>	1893-1914	300 00	.....	190ft x 100ft
261	Pt lot 9, " " " " " " " "	F. Fallaize	1895-1916	139 70	.....	87ft 3 3/4in x 203ft 6in
263	" 9, " " " " " " " "	T. H. Wright	1895-1916	88 00	.....	55ft x 203ft 10in
265	" 9, " " " " " " " "	F. Chesman	1895 1916	77 60	.....	48ft 6in x 203ft 10in
268	Lot 10, Gerrard st. e.....	T. M. Lee Estate	1898-1919	275 00	.....	.....
272	Pt lots 6, 7, Carlton st., s.s.....	A. B. Brown	1895-1916	125 00	.....	.....
285	Plan 160E. Lot 1, Carlton st.....	R. W. McPherson....	1895-1916	19 50	.....	16ft 3in x 100ft
287	" 2, " " " " " " " "	" " " " " " " "	1895-1916	19 30	.....	16ft 1in x 100ft
289	" 3, " " " " " " " "	" " " " " " " "	1895-1916	19 10	.....	15ft 11in x 100 ft
291	" 4, " " " " " " " "	" " " " " " " "	1895-1916	19 20	.....	16ft x 100ft
293	" 5, " " " " " " " "	" " " " " " " "	1895-1916	19 10	.....	15ft 11in x 100ft
295	" 6, " " " " " " " "	" " " " " " " "	1895-1916	19 40	.....	16ft 2in x 100ft

LIST OF THE LANDS OF THE TORONTO GENERAL HOSPITAL—Continued.

	DESCRIPTION.	LEASED TO	TERM.	GROUND RENT.	HOUSE RENT.	MEASUREMENTS.
Plan 160 E						
297	Lot 7, Carlton st	R. W. McPherson	1895-1916	\$19 10	.....	15ft 11in x 100ft
298	" 8, "	"	1895-1916	19 30	.....	16ft 1in x 100ft
301	" 9, "	"	1895-1916	19 10	.....	15ft 11in x 100ft
303	" 10, "	"	1895-1916	19 60	.....	16ft 4in x 100ft
305	" 11, "	"	1895-1916	21 20	.....	17ft 8in x 100ft
307	" 12, "	"	1895-1916	21 50	.....	17ft 11in x 100ft
309	" 13, "	"	1895-1916	21 60	.....	18ft x 100ft
311	" 14, "	"	1895-1916	21 60	.....	18ft x 100ft
313	" 15, "	"	1895-1916	23 40	.....	19ft 6in x 100ft
315	" 16, "	"	1895-1916	24 60	.....	20ft 6in x 100ft
Plan 108.						
274	Pt lot 7, Spruce st	W. M. Curle	1899-1920	20 00	.....	23ft x 100ft
275	Pt lots 6, 7 Spruce st	vacant (unproductive)	.....	.....	.....	50ft x 110 ft
275	" 6, 7 "	.....	.....	.....	.....	162ft x 206 ft
277	" 6, 7 "	Tenants	Monthly	.....	611 00	130ft x 110 ft
278	" 6, 7 "	.....	.....	.....	.....	.....
320	Town Lot 9, Plan 654					
319, 24	{ Lots 1, 2, 3, 4 York st { Lots 8, 9, 10, 11 King st w }	Canada Perm. Mtge. Corp'n et al	1896-1917	2500 00	.....	{ 103ft 9in x 90ft { 96ft x 99ft 7in { 78ft x 213 ft
321	Lots 5, 6, 7 King st w	J. C. Palmer et al	1889-1912	2340 00	.....	78ft x 99ft 7 in
319	Lot 12, King st w	Tenants	Monthly	.....	702 00	26ft x 192 ft
Plan, Bay St.						
	Lot 6, Bolton Row	vacant (unproductive)	.....	.....	.....	25ft x 107ft
Town Lot 6, Richmond St. W						
	Westerly pt lot 6	Woman's Christian Association	1885-1908	400 00	.....	50ft 1in x 99ft
	Easterly pt lot 6	J. A. Marshall	1902-1912	360 00	.....	50ft 6in x 100ft
Plan D 46						
114	Lot s.e. cor Queen & Spadina	G. W. Henderson	1899-1916	350 00	.....	26ft x 111ft
116	Lots 1, 2 Queen st w	Bank of Toronto	1898-1919	300 00	.....	58ft x 100ft
117	Lots 3, 4, 5 Queen st w	Tenants	Monthly	.....	809 00	86ft 8in x 100ft
119	Lot 6 Queen st w	"	Monthly	.....	341 00	28ft 9in x 100ft
121	Lot 1 Farley ave, n s	C. Packham	1894-1915	63 00	.....	42ft x 87ft
123	" 2 " " "	"	1889-1910	94 50	.....	42ft x 87ft
125	" 1 " " s s	B. Polack	1895-1916	77 00	.....	52ft x 89ft
127	" 2, 3 " " "	A. E. Lilley	1897-1918	121 00	.....	104ft x 87ft
129	" 4 " " "	Tenants	Monthly	.....	402 00	52ft x 87ft
131	" 5 " " "	"	Monthly	.....	201 00	52ft x 87ft
133	Lot 1 Brant st	J. Singer	1893-1914	120 00	.....	43ft 6in x 107ft
135	" 2 " " "	"	1889-1910	87 00	.....	43ft 6in x 107ft
13	" 3 " " "	"	1890-1911	87 00	.....	43ft 6in x 107ft
	" 4 " " "	A. Harvey (Estate of)	1889-1910	97 87	.....	43ft 6in x 107ft
141	" 5 " " "	J. Singer	1890-1911	98 00	.....	13ft 6in x 107ft
143	" 6 " " "	"	1890-1911	87 00	.....	43ft 6in x 107ft
145	Lots 7, 8 Brant st	Blanche Hodgins	1888-1909	150 00	.....	87ft x 107ft
148	" 5, 6 Clenden st	H. G. Ford	1897-1918	130 00	.....	104ft x 86ft 6in
152	Pt lot 7 " "	"	1900-1921	37 00	.....	29ft 10in x 86ft 6in
154	" 7 " " "	Susannah Wardman	1900-1921	27 72	.....	22ft 2in x 86ft 6in
155	Lot 8 " " "	J. H. Wardman	1897-1918	38 00	.....	32ft 5in 86 ft 6 in
157	" 10 " " "	Tenants	Monthly	.....	177 00	52ft x 87ft
160	" 12 " " "	M. Brody	1895-1916	70 00	.....	52ft x 87ft
161	" 13 " " "	Tenants	Monthly	.....	175 00	52ft x 87ft
163	" 15 " " "	"	Monthly	.....	149 00	52ft x 87ft
107	{ Lot 1 Adelaide st { Lots 1, 2 Spadina cres }	Isaac Hewitt	1897-1918	300 00	.....	{ 43ft 6in x 107ft { 104ft x 87ft
110	Lot 8 Spadina ave	A. Breckles et al	1895-1916	105 00	.....	43ft 6in x 107ft
112	Lots 9, 10 Spadina ave	J. Singer	1902-1923	250 00	.....	90ft x 107ft
165	Lot 2 Adelaide st w	C. Moroney	1902-1923	83 20	.....	52ft x 86ft 6 in
167	" 3 " " "	L. Hartman	1896-1917	78 00	.....	52ft x 86ft 6in
169	" 4 " " "	Tenants	Monthly	.....	264 00	52ft x 86ft 6in
171	" 5 " " "	G. Haskinge	1898-1919	78 00	.....	52ft x 86ft 6in
173	" 6 " " "	Tenants	Monthly	.....	721 00	52ft x 86 ft 6in
175	" 7 " " "	"	.....	.....	.....	.....
177	" 8 " " "	W. J. Stibbs	1892-1913	65 00	.....	32ft 6in x 86ft 6in
Plan D163						
8	Lots 1, 2, 3, 4 King st w	F. D. Manhee	1903-1926	705 00	.....	117ft 6in x 144ft 9in
9	Lot 5 King st w	M. E. Macdonald	1895-1916	101 42	.....	29ft 3 3/4 in x 144ft 9in
Plan 34						
11	Lot 6 King st w	M. E. Macdonald	1895-1916	101 42	.....	29ft 3 3/4 in x 144ft 9in
Plan 37 E						
13	Lots 2, 3 John st	M. Schrieber	1889-1910	178 68	.....	47ft 7 1/2 in x 96 ft 4in

LIST OF THE LANDS OF THE TORONTO GENERAL HOSPITAL—Continued.

	DESCRIPTION.	LEASED TO	TERM.	GROUND RENT.	HOUSE RENT.	MEASUREMENTS.
	Plan E37					
15	Lot 1 Adelaide st	J. C. Bates	1889-1910	63 00	.....	36ft 4in x 48 ft
23B	" 4 John st	Elizabeth Quick	1889-1910	99 45	.....	26ft 6in x 96ft 4in
23B	" 5 " "	Isaac Lavine	1889-1910	98 12	.....	26ft 2in x 96ft 4in
19	" 6 " "	Carl Ziedler	1889-1910	103 90	.....	27ft 8in x 96ft 4in
21	" 7 " "	G. McMurrich	1889-1910	80 62	.....	21ft 6in x 96ft 4in
23	" 8 " "	Lily Ward	1889-1910	80 50	.....	21ft 6in x 96ft 4in
24	" 9 " "	Tenants	Monthly	.....	235 00	21ft 5in x 96ft 4in
28	" 10 " "	W. R. Shields	1889-1910	80 00	.....	21ft 4in x 96ft 4in
28	" 11 " "	Mary Tracey	1889-1910	79 68	.....	21ft 3in x 96ft 4in
86)	" 12 " "	Henrietta Wilson	1889-1910	81 20	.....	21ft 8in x 96ft 4in
29)	Plan D255					
31A	Lots 1, 2 King st w	A. Davidson	1896-1917	125 00	.....	39ft 3in x 85ft
34	" 3, 4 " "	J. L. Scarth	1896-1917	110 00	.....	39ft 3in x 85ft
32	" 5, 6 " "	J. M. Treble	1896-1917	110 00	.....	39ft 3in x 85ft
33	Lot 8 Widmer st	Nettie Doble	1898-1919	49 00	.....	28ft 2in x 88ft 4in
35	Lots 7, 9 Widmer st	Sarah Adams	1898-1919	53 00	.....	19ft 6in x 46ft
						22ft 9in x 88ft 6in
	Plan L256					
37, 84	Lot 4 Widmer st	E. W. Dyas	1895-1916	81 65	.....	51ft 4in x 59ft
39	" 1 King st w	F. Hurst	1895-1916	80 33	.....	20ft x 85ft
41	" 2 " "	Cecelia Burke	1895-1916	67 27	.....	19ft 6in x 85ft
43	" 3 " "	"	1895-1916	61 00	.....	19ft 6in x 85ft
	Plan 84					
45	Pt lot 13 King st w	Mary J. Gosney	1897-1918	68 25	.....	20ft 11in x 144ft 9in
47	Pt lots 13, 14 King st w	Perm'l J. Young	1897-1918	68 25	.....	21ft x 144ft 9in
49	" 14, 15 " "	E. R. and M. Tinsley	1897-1918	68 25	.....	21ft x 144ft 9in
51	" 15 " "	F. G. Love	1897-1918	68 25	.....	21ft x 144ft 9in
53	" 15, 16 " "	J. M. Treble	1897-1918	68 25	.....	21ft x 144ft 9in
55	" 16, 17 " "	Mary Smith	1896-1918	63 00	.....	21ft x 144ft 9in
57	" 17 " "	Marg't Milloy	1896-1918	63 00	.....	21ft x 144ft 9in
59	Lot cor King and Peter sts	C. J. Kean	1897-1918	307 00	.....	75ft 7in x 144ft 9in
61, 80	Lots 18 to 21 Peter st	J. Campbell	1904-1925	232 00	.....	116ft x 137ft
63	Pt lot 22 Peter st	W. H. L. Gordon	1897-1918	60 00	.....	21ft 9in x 137ft
65	Pt lots 22, 23 Peter st	W. Wilkinson	1899-1920	60 00	.....	21ft 9in x 137ft
67	Pt lot 23 Peter st	Tenants	Monthly	.....	203 00	21ft 9in x 137ft
	Pt lot 24 Peter st	"	Monthly	.....	202 00	21ft 9in x 137ft
71	Lot cor Peter and Adelaide sts	"	Monthly	.....	449 00	56ft 9in x 79ft 6in
82	Pt town lot 12 Adelaide st	T. Ryder, W. H. Muckle	1905-1926	125 00	.....	57ft 6in x 48ft
73	Lots 25, 26 Widmer st	May L. Duthie	1894-1915	94 92	.....	56ft 6in x 129ft 3 in
75	Pt lot 27	J. K. McLean	1897-1918	48 54	.....	.....
77	" 27, 28 " "	"	1897-1918	48 54	.....	.....
79	" 28, 29 " "	Tenants	Monthly	.....	.....	.....
81	" 29 " "	"	"	.....	.....	.....
83	" 30 " "	"	"	.....	.....	.....
85	" 30, 31 " "	"	"	.....	1216 00	.....
87	" 31, 32 " "	"	"	.....	.....	.....
89	" 32 " "	"	"	.....	.....	.....
91	" 32, 33 " "	"	"	.....	.....	.....
93	" 33 " "	J. G. Somers	1895-1916	40 50	.....	.....
	Plan 338					
90	Lot 1 Widmer st	M. F. Readman	1892-1913	56 00	.....	20ft 5in x 94ft
105	" 2 " "	Chas. Watson	1892-1913	54 38	.....	21ft 9in x 94ft
103	" 3 " "	Jacob Mehr	1892-1913	47 50	.....	19ft 1in x 94ft
97	" 4 " "	P. Friedlander et al.	1892-1913	40 00	.....	17ft 7in x 94ft
98	Lots 5, 6, 7, 8, 9 Widmer st	Chas. Bayley	1892-1913	170 00	.....	90ft 8in x 94ft
102	Lots 10 to 15 Widmer st	"	1892-1913	290 00	.....	36ft x 257ft 4in
				\$18283 63	\$10435 00	

Valuation of Lands of the Toronto General Hospital Endowment on June 1, 1906.

1. Town Lot 6—				
Richmond Street W., 101 ft. x 100 ft.....	\$200	\$20,200 00		
2. Town Lot 9 (Plan 654)—				
Lots 1, 2, 3, 4, 103 ft. 9 in. on York St. x 90 ft.....	500	51,875 00		
" 5, 6, 7, 78 ft. on King x 99 ft. 7 in. on York St.....	800	62,400 00		
" 8, 26 ft. on King x 99 ft. 7 in.....	400	10,400 00		
" 9, 10, 11, 78 ft. on King x 213 ft.....	500	39,000 00		
" 12, 26 ft. on King x 192 ft.....	400	10,400 00		
			174,075 00	
3. Plan 84—				
Lots 1, 2, 3, 4, 5, 147 ft. on King x 144 ft. 9 in.....	125	18,375 00		
" 6, 7, 8, 9, 10.....	100	14,700 00		
" 11, 12, 13, 14, 15, 16, 17, 205 ft. 9 in. on King x 144 ft. 9 in.....	100	20,575 00		
" N.E. cor. King and Peter, 75 ft. 7 in.....	110	8,314 00		
" 18, 19, 20, 21, Peter, 116 ft. on Peter x 137 ft.....	50	5,800 00		
" 22, 23, 24 " 87 ft.....	50	4,350 00		
" S.E. cor. Peter and Adelaide, 56 ft. 6 in. x 138 ft. on Adelaide.....	75	4,237 50		
" 25, 26, 27, 28, 29, 30, 31, 32, 33, W.S. Widmer, 257 ft. 9 in. on Widmer x 129 ft.....	40	10,310 00		
" 34, 35, 36, 37, 38, 39, 40, 41, 42, E.S. Widmer, 257 ft. 9 in. x 139 ft.....	42	10,828 50		
" 43, 44, 45, 46, 47, 48, 49, 50, 51, John St., 257 ft. 9 in. x 139 ft. 6 in.....	75	19,331 25		
			116,821 25	
Plan D 46—				
Lots 1, 2, Queen, 57 ft. 6 in. x 100 ft. on Spadina.....	300	17,250 00		
" 3, 4, 5, 6, Queen, 115 ft. x ".....	150	17,250 00		
" 9, 10, Spadina, 90 ft. x 107 ft.....	75	6,750 00		
" 8, " 43 ft. 6 in. x 107 ft.....	70	3,045 00		
" 1, 2, Farley Avenue, N.S., 84 ft. x 90 ft.....	40	3,360 00		
" 1, 2, 3, 4, 5, " S.S., 260 ft. x 87 ft.....	35	9,100 00		
" 1, 2, 3, 4, Brant St., 174 ft. x 107 ft.....	35	6,090 00		
" 5, 6, 7, 8, ".....	35	6,090 00		
" 5, 6, 7, 8, Camden St., 188 ft. 5 in. x 87 ft.....	30	5,653 00		
" 10, 12, 13, 15, " 208 ft. x 87 ft.....	30	6,240 00		
" 1, 2, 3, 4, 5, 6, 7, 8, Adelaide W., 396 ft. 6 in. x 87.....	15	17,842 50		
" 1, 2, Spadina, 87 ft. x 107.....	70	6,090 00		
" S.E. cor. Queen and Spadina, 26 ft. x 114 ft.....	275	7,150 00		
			111,910 50	
Lot 6, "Boulton Row," 25 ft. on Bay x 107 ft.....	800	20,000 00		
			20,000 00	
Plan 108—				
Lots 6, 7, Carlton, 272 ft. x 203 ft on Sumach.....	50	13,600 00		
7, " 6, 7, Spruce, 271 ft. x 203 ft.....	45	12,206 25		
8, " 6, 7, Oak (Plan 168), 98 ft. x 135 ft. on Sumach.....	30	2,940 00		
9, " 8, 9, 10, Gerrard E., 582 ft. x 203 ft. on River.....	45	26,190 00		
10, " 8, 9, 10, Oak St., 582 ft. x 203 ft.....	35	20,370 00		
11, " 5, S.S., 181 ft. x 206 ft.....	35	6,335 00		
12, " 10, " 194 ft. x 206 ft.....	40	7,760 00		
13, " 8, Wilton Avenue, 194 ft. x 206 ft.....	35	6,790 00		
14, " 10, " 90 ft. 5 in. x 203 ft. 3 in.....	30	2,712 50		
15, " 12, ".....	30	2,712 50		
16, " 13, River St., 96 ft. on River.....	40	5,760 00		
" 8, 9, " 96 ft. on Tracks.....	20			
17, " 8, 9, " 178 ft. x 291 ft.....	45	8,910 00		
18, " 11, St. David St., 91 ft. x 200 ft.....	25	2,275 00		
19, " 11, Sydenham, 91 ft. x 200 ft.....	25	2,275 00		
20, " 35, Gore (net rent \$750), 109 ft. on River, say.....		7,500 00		
21, " 34, 35, 36, 37, 38, King, E., 339 ft. on King.....	35	11,865 00		
22, " 3, 4, 5, 6, 7, 8, 9, 10, E.S. St. Lawrence St. (n.r. \$518).....		20,000 00		
23, " of irregular shape in the Don improvement.....		1,225 00		
24, " 3 (part), 4, 5, W.S. St. Lawrence St., 235 ft. with variable depth.....	20	4,700 00		
" 16, 18, Eastern Avenue, N.S., 198 ft.....	25	4,950 00		
			171,076 25	
Value of buildings owned by the Hospital on the above lands, \$77,263.17.....				614,083 00
29. Hospital block, 645 ft. on Gerrard.....		75	48,375 00	
" " 645 ft. on Spruce.....		50	32,250 00	
Value of buildings on the Hospital Block, \$267,600 87.				80,625 00
				\$694,708 00

NOTE.—The value of the revenue-producing lands, as shown in the Balance Sheet of March 31, 1906, included \$19,850.20 for certain lots which were sold in May, 1906. The value of the rent-producing buildings in the Balance Sheet included \$2,696.00 representing the buildings owned by the Hospital on the land sold.

Valuation of the Toronto General Hospital's half interest, \$8,400.

Toronto General
Hospital
Annual Report.

